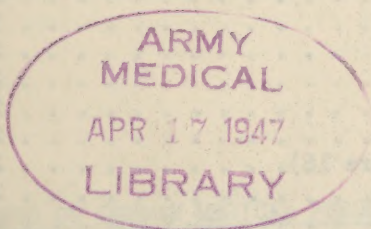
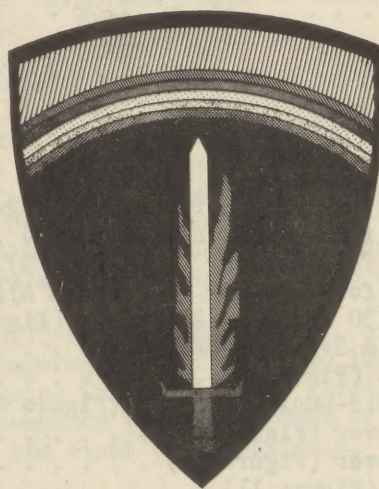


MILITARY GOVERNMENT OF GERMANY

PUBLIC HEALTH AND MEDICAL AFFAIRS

(Bimonthly Review)



MONTHLY REPORT OF THE MILITARY GOVERNOR, US ZONE

1 NOVEMBER — 31 DECEMBER 1946

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HIGHLIGHTS

German public health organizations, having full responsibility for public health operations, have carried out routine functions with reasonable effectiveness. Substantial improvement in the quality of civil public health staffs must necessarily await the training and placement of younger members of the medical and related professions who have the physical stamina and zeal necessary to cope with conditions now existing in Germany. The coming of winter, in addition to the continued lack of motor transportation and the general shortage of fuel, has further intensified the difficulties encountered by German public health organizations and practitioners.

Among the important communicable diseases the incidence of scabies and measles increased during November and December, while diphtheria, gonorrhea, whooping cough, and typhoid fever decreased. Tuberculosis, syphilis, scarlet fever, and dysentery remained essentially unchanged. The control of tuberculosis remains a serious problem with little prospect in the near future of sufficient hospitalization being obtained for the isolation and treatment of open cases. The absence of a significant increase in the respiratory type of communicable disease, particularly influenza, is encouraging.

The nutritional state of the population as reflected in body weights of adults declined slightly in December following the small weight gains of November. An increased incidence of nutritional edema which appeared in Hesse and to a less extent in Wuerttemberg-Baden in November persisted in December. Babies and children through 7 years of age, and the 16-to-19-year age group, remain in a relatively satisfactory condition. By contrast, children of 8 to 15 years of age show clearly an unsatisfactory nutritional state as evidenced by deficits of weight and growth; and elderly men and women are approximately 20 pounds underweight.

As of 1 January 1947, there were only 10.4 civilian hospital beds per thousand of population as compared to 10.1 on 1 May 1946. A total increase of approximately 24,000 beds during this period was largely offset by an increase in the population. With bed occupancy at 79.0 percent of total capacity, there is little reserve available in the event of an epidemic.

STATUS OF GERMAN MEDICAL PERSONNEL

German health organizations in the three Laender, Berlin Sector, and the Bremen Enclave, having full responsibility for public health operations, continue to operate with little change in effectiveness as compared to the past several months. Health personnel of Military Government observe, inspect, advise, and report upon activities to the extent necessary to assure adequate control for the protection of occupation personnel and the accomplishment of the mission of Military Government. Improvement in the quality of civil health staffs is necessarily a long-term project and must await the training and placement of younger members of the medical and related professions.

Slight increases in the numbers of active physicians, nurses, dentists, pharmacists, and most other categories of essential professional and technical personnel occurred during this period (Figure 1). Increases are due to the return of refugees, the arrival of expellees, and more accurate tabulation throughout the Zone. As of 1 January 1947, there was one doctor for every 1,078 civilians as compared to 1,105 on 1 October, 1,135 on 1 August, and 1,150 in January 1946.

The coming of winter has further intensified the difficulties encountered

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by the German public health organization and practitioners in providing adequate service. Lack of motor transportation remains a serious handicap. The fuel shortage has made it necessary in numerous instances for doctors to close their offices.

PREVENTIVE MEDICINE

Communicable Diseases

A localized but serious outbreak of typhoid fever, an increase in total deaths, and a downward trend in the birth rate were important developments in the health situation in November and December. Among the important communicable diseases, scabies and measles increased. Typhoid fever, except for a sharp increase during one week in November, tended to decrease. Diphtheria, gonorrhea, and whooping cough decreased, while tuberculosis, syphilis, scarlet fever, and dysentery remained essentially unchanged (Figures 2-13).

Graphic comparison of the rates of the more important communicable diseases in the Laender, Berlin, and Bremen is shown in Figures 14-22, inclusive. The number of cases of gonorrhea under treatment decreased uniformly in all areas (Figure 14). Syphilis has a greater incidence in Berlin and Bremen where it has shown generally an upward trend while its previous high rates in the three Laender remain essentially unchanged (Figure 15).

New cases of pulmonary tuberculosis (Figure 16) are reported at a greater rate in Berlin than in other areas, with the general upward trend persisting through November in all areas. The significance of the decrease in December cannot yet be evaluated. Typhoid fever (Figure 17) is higher in Bavaria. Diphtheria (Figure 18) is higher in Berlin and Bremen, while scarlet fever (Figure 19) and dysentery (Figure 20) are highest in Berlin. Whooping cough (Figure 21) has passed its seasonal peak and continues a downward trend.

The rates for venereal diseases, which had been increasing since July 1945, have decreased steadily since August 1946. The average number of cases of gonorrhea reported per week was 2,924 in August, 2,779 in September, 2,454 in October, 2,195 in November, and 1,479 in December, while for syphilis it was 973 in August, 936 in September, 910 in October, 941 in November, and 773 in December. Much progress has been made in the anti-venereal disease program concentrating on groups of the German population who are the main source of infection for occupation forces. A total of 26,708 new cases of gonorrhea was treated during October, November, and December of which 23,476 received penicillin, bringing the total number treated with penicillin since the beginning of the program in December 1945 to 122,843 (Figure 22). Depletion of penicillin supplies during November and December made it necessary to revert to the use of alternative methods of treatment of gonorrhea with sulfonamides, though a very limited supply of penicillin was held in reserve to treat sulfonamide resistant cases. Because of the longer hospital stay required in treatment with sulfonamides, overcrowding has occurred in hospitals for venereal disease, making it necessary to treat larger numbers as ambulant cases. It has been possible, so far, to isolate and treat all known infected troop contacts.

Tuberculosis continues at an extremely high rate with 6,765 new cases reported during November and December, bringing the total of known cases of active pulmonary tuberculosis to 120,684. The Germans have not been able to acquire suitable hospital bed space for isolation and treatment of infectious cases, the first essential step in establishing controls for this disease. For November there were only 12,574 beds in tuberculosis hospitals and 4,111 beds in other hospitals for treatment of tuberculosis patients. As a result, it is necessary to treat large numbers of infectious cases in the home, which accelerates the spread of infection. Tuberculosis dispensaries for treatment and supervision of non-hospitalized cases reported 42,887 clinical and 76,176 fluoroscopic examinations in November.

An epidemic of typhoid fever occurred at Neuoeetting in Landkreis Altoet-

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ting, Bavaria. Commencing in the first week of November, it reached its peak during the second week and then subsided rapidly. The epidemic proved to be caused by the contamination of a central water supply. A total of 380 cases was reported, with 35 deaths by the end of December. Most of the cases occurred among women, with a ratio of six women to one man because many of the males had received immunization in military service. The control measures which were used included quarantine, immediate hyperchlorination of the water supply, immunization of the population, closing of schools, and prohibition of gatherings. Other smaller localized outbreaks occurred at Friedberg, in an expellee camp at Bamberg, and at Eschenlohe near Garmisch. These seasonal outbreaks were in most instances caused by the contamination of non-approved water supplies resulting from failure to carry out measures to develop and supervise safe water supplies, sanitary sewage and waste disposal plants. Efforts of German health officials are hampered by German official and public indifference and lack of equipment and supplies.

Diphtheria, after reaching epidemic proportions last winter, decreased during the summer months but again commenced a sharp seasonal increase in August that continued through September, when again it began to decrease. This trend has continued. The arrest of the increase in diphtheria is attributed largely to the extensive diphtheria immunization program inaugurated by Military Government in 1945 and pressed toward completion, thereby effectively reducing the number of susceptible individuals among children. At present, over one-half the cases reported are in individuals over 14 years of age and predominately among females.

Although only occasional cases of influenza have been reported during November and December, vigilance is being maintained against possible outbreaks by clinical and laboratory tests on all suspects. No cases of typhus fever occurred during November and December, the unprecedented low incidence of this disease continuing during the season when increases are expected. The elimination of typhus fever, which thrives on uprooted populations and generally disrupted conditions that now obtain, is believed to be mainly due to the systematic examination, quarantine, and disinfection of persons entering the Zone, particularly those entering from Eastern Europe, where typhus fever is endemic.

Infectious hepatitis increased slightly in November and decreased in December. Although the reporting of cases is incomplete, the prevalence of scabies is known to be increasing in all of the reporting areas because of the seasonal trend that is aggravated by lack of soap and washing facilities. Seasonal prevalence of measles is reported highest in Bavaria, where the bulk of the cases have occurred in Regierungsbezirk Oberbayern.

Medical supervision of refugees, expellees, and displaced persons at zonal border control stations, a major program during the past year, is still in force, although the numbers of such persons entering the Zone have decreased very materially. Medical supervision is now a larger problem in reception centers where such persons are cared for often for months until they have been resettled. In these centers they are further screened for communicable diseases, and many cases of tuberculosis, venereal disease, typhoid fever, and vermin infestation are discovered and brought under treatment.

Sanitary supervision and quarantine of ships in the harbors of Bremen is now in operation by the German civil port administration which provides, under Military Government supervision, specialized sanitary personnel for the inspection of incoming ships.

Immunizations (Figure 23) for protection against preventable disease were carried out on 482,972 individuals in November and December, bringing the total of this program to 7,252,776 by 1 January 1947, thereby significantly reducing the number of persons susceptible to diphtheria, typhoid fever, smallpox, and scarlet fever. The following data show the number of immunizations completed since the beginning of occupation:

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<u>Diseases for Which Immunized</u>	<u>Immunizations Cumulative to 1 November 46</u>	<u>Immunizations Cumulative to 1 December 46</u>	<u>Immunizations Cumulative to 1 January 47</u>
Total of 5 types of immunization	6,769,804	7,110,389	7,252,776
Smallpox	1,000,308	1,020,131	1,026,656
Diphtheria	2,016,129	2,119,628	2,167,398
Typhoid Fever	2,917,014	3,053,307	3,102,645
Scarlet Fever	759,461	838,155	871,733
Typhus	76,892	79,168	84,344

Health trends as measured by the ratio of births to deaths show indications of deterioration, for although births exceed deaths, the birth rate does not sufficiently exceed the death rate which is increasing (Figures 24 and 25). Infant mortality has materially increased in all areas with sharpest increases in Berlin and Bremen in December (Figure 26). Deaths from communicable diseases (Figures 27, 28, 29, and 30) show no significant change and continue to be of minor importance in the total death rate. Tuberculosis and diphtheria account for most of the deaths from communicable diseases.

Nutrition

A month-to-month appraisal of the nutritional health of the population of the U.S. Zone is attempted by evaluation and interpretation of data from three principal sources. The most extensive of these are the street-weighing and school-weighing programs, while a more intensive form of study is made by nutrition survey teams. These three endeavors tend to complement one another, and though each has inherent defects, the composite view of the population obtained by a month-to-month consideration of data from these three independent programs has seemed for working purposes to be acceptable. That is to say, if nutritional disaster were approaching, it would in all likelihood be predicted within a relatively secure interval. Beyond such a working assessment, no attempt should be made to draw quantitative and scientific biometric conclusions from the data obtained through this form of population study.

The street-weighing program consists of monthly weighings of prescribed population samples in cities of the U.S. Zone with populations of 10,000 or more. The Kreisarzt, or city doctor, in each such city is charged with the responsibility for these weighings according to a specified procedure which is standard throughout the zone. Directions provide for random selection of the sample and for relative uniformity of clothing. The number of adults weighed monthly is of the order of 140,000. When wide variations from this number are reported, this is usually due to the failure of a Regierungsbezirk or Land to submit its consolidated report in time to be included.

The school-weighing program provides monthly the average weights and heights of all children in all U.S. Zone schools which are able to participate. While the program is authorized in all schools, some are unable to participate because of lack of scales, and the program is not yet operating at all in Bavaria. Nevertheless, near half a million children's weights have been reported each month for about six months.

German nutrition survey teams, following procedures earlier used by U.S. teams, survey repeatedly the largest cities (chiefly those over 25,000 population) in the U.S. Zone. Such teams include doctors of medicine, biological chemists, and trained nutritionists, and their surveys include weighing, measuring, diagnostic examining, laboratory assay of blood samples, and dietary interviewing. While the numbers of people of all ages examined by such teams (800 to 2,200 per city) are small as compared with the mass weighings, the body weights reported by teams serve

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as a check on the less well supervised street and school-weighing programs. Furthermore, the other aspects of team surveys provide clinical and dietary data not available from any other source. These include evidences of vitamin deficiencies and nutritional edema, laboratory studies for anemia and blood serum protein deficiency, and data on the completeness of issue of the official ration and on food consumption from official and unofficial sources.

Based on a critical evaluation of all these reports in the light of medical experience, an appraisal of the over-all nutritional health of the population is formulated from month to month.

Street weight reports in November in the U.S. Zone showed small gains in the average weight of all age groups of men, and of women under 40 years of age, while women over 40 were unchanged (Figures 31 and 32). However, reports on adults for December show losses in all age groups in Hesse, losses in all except women under 60 in Wuerttemberg-Baden, and losses in all except women over 40 in Bavaria.

Nutrition team reports are not directly comparable from month to month because the cities surveyed in each month are not the same. Comparison of the cities surveyed in Hesse in October, November, and December with the same cities when last previously surveyed (average interval two and one-half months) shows losses in all age groups of adults, while in Wuerttemberg-Baden and Bavaria such a comparison shows unsettled trends, with losses in some instances which offset gains in others. Weight gains preceded the ration increase which became effective in mid-October, and must be attributed to summer and harvest-time increases in food available from non-ration sources. These gains have not been uniformly sustained in November and December, the effective period of the increased ration. From this it is concluded that total food consumption in the summer and early fall must have been greater than consumption in the late fall and winter, notwithstanding the improved ration affecting the latter period. Hence, consumption of food in addition to that provided by the official ration appears to have diminished since summer by an amount which is greater than the increment by which the ration was improved.

Considering both of the adult weighing programs, the average male urban adults in different age groups were 2.1 to 18.7 pounds underweight in November and 5.3 to 20.1 pounds underweight in December (Figures 32 and 33).

Babies and children through 7 years of age have sustained their relatively satisfactory weight averages, and rickets shows some decline. On the other hand, school children and adolescents of 8 to 15 years, who continue to receive in the official ration the lowest proportion of their minimum calorie requirements of any category, are as a consequence a clearly underweight segment of the population (Figure 34). Retarded growth and development in this age group cannot be prevented unless their requirements are met, and if this is too long delayed, permanent impairment will result. They stand in sharp contrast to pre-school children and to the 16-to-19-year age group, who are in a relatively satisfactory condition. The appreciable benefits of the school feeding program now enjoyed by a small and diminishing proportion of the school-age population are equally needed by nearly all school children in the Zone. Furthermore, the calorie value of school meals is in no instance equivalent to the deficit of the official ration with respect to the physiologic requirements of these ages.

Nutritional edema increased sharply in six of the eight cities surveyed in Hesse in November and December. It is not certain that this increase is actually limited to Hesse, although the other Laender have not reported such an increase. Inasmuch as the cases reported from Hesse are mild in degree, it is conceivable that similar cases in other Laender have been noted but are considered too inconclusive to report. Measures are being instituted to establish uniform criteria in reporting. Meanwhile, the fact that edema causes a false increase in body weight due to abnormal retention of fluid is cause for guarded interpretation of the weight averages reported in November and December. If fluid gains are obscuring tissue losses extensively in the population, weight stability or gains are false. Further observation of trends will be required for a definitive interpretation.

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Sanitation

Improvements to 27 inadequate water supply systems in Bavaria have been completed. Expansions are being made to correct water shortages in 23 other places in the U.S. Zone, of which only eight are classified as serious.

Because of the unavailability of red squill and thallium compounds, formerly used as rodenticides, recently developed organic compounds are to be manufactured for use in Germany. One of these, Muritan, is a German development, and the other two, Antu and 1080, are U.S. developments.

MEDICAL AFFAIRS

Nursing Affairs

Two types of courses are now being offered by the 85 schools of nursing that have reopened in the U.S. Zone. One course is for general nurses, and one is for children's nurses. Both courses require, as a prerequisite for entrance, completion of the eighth grade and one year's work as a domestic helper. In general, German nurses are well-trained in the practical aspects of their work, and all essential requirements for nursing services are being met.

Hospitalization

Little progress was made during November and December in providing additional hospital space so urgently needed to provide for the needs of the civil population. During the period from 1 May to 1 January, civilian hospital bed capacity in the three Laender, Berlin Sector, and Bremen Enclave increased from 155,764 to only 179,562 (Figure 35). This increase of approximately 24,000 beds does not represent a true increase, as the increase in population during the same period largely offsets the gain in beds. There were 10.1 beds per 1,000 of the population on 1 May, and 10.4 on 1 December, whereas 15 beds per 1,000 of the population is considered the bare minimum required for the care of the large number of open infectious cases of tuberculosis that remain unhospitalized as well as the increased needs for general hospitalization during the winter months. However, it is not expected that this figure can be reached during this winter.

In addition to the fact that buildings suitable for conversion to hospital use are not available, there continues to be a lack of hospital furniture, equipment, and supplies in quantities sufficient to provide maintenance replacements for existing hospitals, much less to provide for the establishment of new facilities. The release of prisoner-of-war hospitals, which early in 1946 was largely responsible for the increase in civilian bed capacity, can no longer be looked to as an important source, as there remained at the end of December only 2,813 beds under U.S. Army control for the care of prisoners-of-war.

In Wuerttemberg-Baden, where the shortage of hospital space is most acute, the situation was somewhat alleviated by the Army's releasing the Dillberg Kaserne at Bad Mergentheim, formerly used as a civil internee and prisoner-of-war hospital. This facility is expected eventually to accommodate about 2,000 patients, and will be used largely for tuberculosis cases.

On 1 January 1947, civilian hospital bed occupancy was 79.0 percent of capacity. Such a high occupancy seriously interferes with efficiency of operation and does not provide any reserve for epidemics or catastrophe. The ability of hospitals to handle the increased load incident to winter is also made more precarious by the general fuel shortage. So far, instances of hospitals being completely out of fuel are not known to have occurred, but it has been reported that most hospitals are without reserve supplies and are completely dependent upon frequent deliveries of small quantities of coal for heating and operation of essential equipment such as sterilizers and laundries. Hospital laundry services are further seriously curtailed by the shortage of soap.

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Narcotics Control

Production, distribution, and supply of narcotics in the U.S. Zone remain adequate. Interzonal trade has continued at about 100 transactions monthly to wholesalers in the other three zones from the U.S. Zone.

During this period, approximately 16 kilograms of narcotics, seized during the past two months, have been returned to legitimate civilian channels. Almost all of these drugs, which consist mostly of morphine, dionin, and pantopon, were seized by police in connection with violations. A very small portion was voluntarily surrendered.

Medical Supply

The over-all medical supply situation remains relatively unchanged, with no relief yet from the shortage of some essential items that depend upon imported raw materials for their production. It has been possible so far to provide reasonably adequate medical care by using substitutes as are available for such items as castor oil, hormone preparations, agar-agar, glycerine, iodine and bismuth salts, and camphor, which are either in very short supply or are exhausted.

During November and December the insufficient supply of insulin from indigenous production was supplemented by donations procured by CRALOG (Council of Relief Agencies Licensed for Operation in Germany) in the United States and Denmark. Through strict rationing by the German health authorities, it has been possible to maintain the diabetic population without serious consequences. However, with no reserve stocks available for emergencies, any prolonged interruption in the delivery of insulin will endanger the lives of many diabetics.

With the allocation and delivery of additional quantities of blankets to the three Laender in December, the most essential components of the reserve emergency hospital equipment allocated from Army surplus stocks in January 1946 has been delivered. This reserve of equipment, intended for use only in the case of serious epidemic or catastrophe, consists mainly of cots, blankets, mess gear, tents, and stoves to be used to expand existing hospital facilities. It will provide only the barest minimum of emergency type care in the event of extreme need. Now stored in each of the three Laender are sufficient stocks to expand hospital bed capacity by 40,000 beds for Bavaria, 18,200 for Wuerttemberg-Baden, and 27,300 for Hesse.

VETERINARY AFFAIRS

Food Control

The operation of dairies is seriously hampered by the shortage of coal and electricity, making it frequently impossible to pasteurize milk. Apart from the danger to children, there is the further consequence that animal stocks to which the milk residues are fed may contract tuberculosis. There is no doubt that the increase in the incidence of tuberculosis in animals as well as in humans is partly due to conditions existing in dairies. Both newspapers and radio have been used to bring this fact to the attention of the population and to urge that milk be boiled before consumption.

Slaughterhouse reports indicate that of total meat inspected, 1.2 percent is rejected as unfit for human consumption and that tuberculosis accounts for 45 percent of that rejected.

Animal Disease Control

Figures 36, 37 and 38 show the incidence of the principal communicable animal diseases reported in the U.S. Zone for the months of October, November, and December.

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Fowl pest previously prevalent in Bavaria has almost been eradicated, largely as a result of compulsory vaccination of susceptible flocks in infected areas by the veterinary police. This disease has also appeared in Wuerttemberg-Baden. Strict quarantine and vaccination have been effective in controlling this outbreak.

A single case of foot-and-mouth disease was reported in Landkreis Schluchtern during November, the first in Hesse since 18 August, while two additional farms in other isolated areas of the Land became infected during December. It was possible to confine these cases to the farm where it was discovered. In November foot-and-mouth disease appeared in Bavaria for the first time in over a year. Epidemiological studies revealed it to have been introduced by the shipment of 176 young pigs from Versmold, Landkreis Bielefeld, in the British Zone. In addition to insisting upon compliance with existing laws for the control of this disease, the Bavarian State Ministry of the Interior has ordered that no ruminants and hogs be imported into Bavaria and that no export of these species to other areas of Bavaria be made from Regierungsbezirk Unterfranken. It has been possible to confine this outbreak to the original four Landkreise involved with a total of 135 farms in 15 communities being affected.

Additional cases of dourine were reported in Bavaria and Hesse during this period. In Bavaria 1,819 blood tests have been performed to date, as part of a program to test all mares in the affected Kreise for this disease. In addition to the restrictions and control methods already in use, the infected animals are being treated with arsenicals as a possible means of cure.

The first case of glanders in Hesse since the war was reported during November. By 1 January, 262,094 horses had been tested for glanders in the zone-wide program for the eradication of this disease. During this campaign, 53 cases have been discovered.

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DISTRIBUTION OF GERMAN CIVILIAN MEDICAL PERSONNEL
U.S. ZONE OF GERMANY
(1 November and 1 December 1946 and 1 January 1947)

Areas and Categories of Personnel	PHYSICIANS			NURSES			DENTISTS			MID-WIVES			PHARMACISTS			VETERINARIANS			OTHERS				
	1 Nov	1 Dec	1 Jan	1 Nov	1 Dec	1 Jan	1 Nov	1 Dec	1 Jan	1 Nov	1 Dec	1 Jan	1 Nov	1 Dec	1 Jan	1 Nov	1 Dec	1 Jan	1 Nov	1 Dec	1 Jan		
TOTAL	15,457	15,894	16,073	32,043	32,752	32,702	7,277	7,402	7,405	4,878	4,894	4,879	3,289	3,343	3,340	b/	1,572	1,576	1,176	b/	5,427	5,035	5,113
BAVARIA	7,446	7,677	7,711	13,397	13,956	13,759	3,027	3,139	3,122	2,210	2,219	2,210	1,196	1,203	1,205	636	637	629	1,069	1,066	1,115		
Unterfranken	788	814	823	1,684	1,680	1,687	288	307	296	368	371	371	140	131	136	72	75	79	183	189	189		
Ober und Mittelfranken	1,286	1,327	1,363	2,849	2,890	2,858	699	723	729	557	559	563	295	301	305	136	137	139	313	306	335		
Niederbayern & Oberpfalz	1,079	1,126	1,113	2,326	2,375	2,325	496	517	525	554	553	554	224	228	228	162	158	145	230	213	235		
Schwaben	628	651	619	1,791	1,792	1,655	326	341	308	298	300	282	144	146	134	96	97	92	82	82	79		
Oberbayern	3,665	3,759	3,793	4,747	5,219	5,234	1,218	1,251	1,264	433	436	440	393	397	402	170	170	174	261	276	277		
GREATER HESSE	2,998	3,049	3,038	6,209	6,269	6,293	1,609	1,623	1,629	1,239	1,242	1,239	590	597	594	610	611	220	b/	426	e/	e/	
Kassel	820	834	840	1,802	1,799	1,791	440	442	440	404	403	404	143	144	142	132	132	132	223				
Wiesbaden	1,125	1,146	1,151	3,186	3,239	3,269	701	703	707	391	393	394	298	304	303	87	88	88	203				
Hessen	1,043	1,069	1,047	1,221	1,231	1,233	368	478	482	444	446	441	149	149	149	391	391	b/	b/				
WUERTEMBERG-BADEN	3,130	3,275	3,441	7,496	7,548	7,594	1,569	1,577	1,588	1,245	1,250	1,245	961	985	986	249	251	249	2,405	2,446	2,467		
Baden	1,200	1,284	1,403	3,393	3,414	3,411	660	661	663	552	553	552	305	313	317	75	76	75	1,058	1,083	1,099		
Wuerttemberg	1,930	1,991	2,038	4,103	4,134	4,183	909	916	925	693	697	693	656	672	669	174	175	174	1,347	1,363	1,368		
BREMEN ENCLAVE	548	543	550	1,554	1,538	1,551	258	255	256	48	49	50	97	105	104	24	24	24	124	128	134		
BERLIN (U.S. SECTOR)	1,335	1,350	1,333	3,387	3,441	3,505	814	808	810	136	134	135	445	453	451	53	53	54	1,403	1,395	1,397		

a/ "Others" includes sanitary inspectors, chiropractors, technical assistants, masseurs, nurses' aides.

b/ Regierungsbezirk Hessen not reported.

c/ Land Greater Hesse not reported.

Figure 1

NOVEMBER - DECEMBER 1946

COMMUNICABLE DISEASE REPORT (BY LAND)
U.S. ZONE OF GERMANY
For Month of October 1946
(4 Weeks)

-10-

a/Population data used for all figures in this report are based upon the latest ration card count available at the beginning of the quarter (October-December 1946). While these figures vary slightly from the official figures from the census taken on 29 October 1946, the difference results in only a minor change in rates. Official census figures will be used for the quarter beginning 1 January 1947.

b/No data submitted.

Figure 2

COMMUNICABLE DISEASE REPORT (BY LAND)
U.S. ZONE OF GERMANY
For Month of November 1946
(5 Weeks)

L A N D	a/ POPULATION	Reported Number of New CASES and DEATHS of COMMUNICABLE DISEASE														c: Cases										d: Deaths							
		Typhus Fever		Relapsing Fever	Smallpox	Cholera	Plague	Anthrax	Diphtheria	Scarlet Fever	Tbc Lung & Larynx	Tbc Other	Whooping Cough	Meningitis	Meningococcus	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Infectious	Bact. Food	Poisoning	Undulant	Rever	Infectious	Jaundice	Scabies	Rabies	Encephalitis	Malaria	Influenza	Measles
Bavaria	8,565,825	c	-	-	-	-	-	-	2272	395	2030	218	1209	17	17	5000	2144	718	118	20	1	-	-	-	-	11	12536	-	7	3	8	-	2774
Greater Hesse	3,908,615	d	-	-	-	-	-	-	123	-	307	25	13	10	5	-	-	45	3	1	-	-	-	-	-	58	3322	-	6	3	131	1178	
Wuerttemberg-Baden	3,411,326	c	-	-	-	-	-	-	898	231	837	102	757	12	11	2654	1052	42	16	5	-	-	-	-	-	12	3150	-	1	-	-	415	
Bremen Enclave Berlin	484,431	d	-	-	-	-	-	-	1065	257	688	120	607	2	17	1678	692	48	19	11	2	1	-	-	-	29	1019	-	-	1	75	1	
(US Sector)	961,011	p	-	-	-	-	-	-	33	-	125	17	4	-	1	-	-	5	1	1	-	-	-	-	-	-	b/	-	-	7	b/	-	
									302	37	131	37	88	4	6	642	221	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	
									4	-	16	5	-	1	-	-	-	28	1	43	-	-	-	-	-	-	-	-	-	-	-	-	
									459	105	378	83	b/	2	1	1003	598	28	1	43	-	-	-	-	-	-	-	-	-	-	-	-	
									12	-	158	7	-	1	-	-	-	5	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
Case Rate Expressed as per 10,000 Population per Annum																																	
Bavaria	8,565,825		-	-	-	-	-	-	27.49	4.78	24.56	2.64	14.63	.21	.21	60.50	25.94	8.69	1.43	.24	.01	-	-	-	-	.13	151.69	-	.08	.10	-	-	32.57
Greater Hesse	3,908,615		-	-	-	-	-	-	23.89	6.14	22.26	2.71	20.14	.32	.29	70.60	27.98	1.12	.43	.13	-	-	-	-	-	154	88.37	-	.16	.08	34.8	31.33	
Wuerttemberg-Baden	3,411,326		-	-	-	-	-	-	32.48	7.84	20.98	3.66	18.51	.06	.52	51.18	21.11	1.46	.58	.34	.06	-	-	-	.37	96.08	-	-	.09	-	-	12.66	
Bremen Enclave Berlin	484,431		-	-	-	-	-	-	64.84	7.94	28.13	7.94	18.89	.86	1.29	137.84	47.45	.64	.21	-	-	-	-	-	623	218.78	-	-	.21	16.10	-	.21	
(US Sector)	961,011		-	-	-	-	-	-	49.66	11.36	40.90	8.98	b/	.22	.11	108.52	64.70	3.03	.11	.65	-	-	-	-	-	b/	-	-	.76	b/	-	b/	

Case Rate Expressed as per 10,000 Population per Annum

Bavaria	8,565,825	-	-	-	-	-	-	-	-	27.49	4.78	24.56	2.64	14.63	.21	.21	60.50	25.94	8.69	1.43	.24	.01	-	.13	15.69	-	.08	.10	-	33.57
Greater Hesse	3,908,615	-	-	-	-	-	-	-	-	23.89	6.14	22.26	2.71	20.14	.32	.29	70.60	27.98	1.12	.43	.13	-	-	1.54	88.37	-	.16	.08	34.8	31.33
Wuerttemberg-Baden	3,411,326	-	-	-	-	-	-	-	-	32.48	7.84	20.98	3.66	18.51	.06	.52	51.18	21.11	1.46	.58	.34	.06	-	.37	96.08	-	-	.09	-	12.66
Bremen Enclave	484,431	-	-	-	-	-	-	-	-	64.84	7.94	28.13	7.94	18.89	.86	.29	137.84	47.45	.64	.21	-	-	-	6.23	218.78	-	-	.21	16.10	.21
Berlin (US Sector)	961,011	-	-	-	-	-	-	-	-	49.46	11.36	40.90	8.98	b/	.22	.11	108.52	64.70	3.03	.11	.65	-	-	-	b/	-	-	.76	b/	b/

a/See Note (a/) figure 2.
b/No data submitted.

Figure 3

COMMUNICABLE DISEASE REPORT (BY LAND)
U.S. ZONE OF GERMANY
For Month of December 1946
(4 Weeks)

HEALTH AND MEDICAL AFFAIRS

L A N D	POPULATION a/	Reported Number of New Cases and DEATHS of COMMUNICABLE DISEASE													c: Cases		d: Deaths												
		Typhus Fever		Relapsing Fever	Smallpox	Cholera	Plague	Anthrax	Diphtheria	Scarlet Fever	Tbc Lung & Larynx	Tbc Other	Whooping Cough	Meningococcus	Polio-myelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery Infectious	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rabies	Encephalitis Epidemic	Malaria	Influenza	Measles
Bavaria	8,565,825	-	-	-	-	-	-	1371	257	1233	183	906	8	15	2583	1371	266	43	15	2	2	7	8528	-	3	5	-	-	2725
Greater Hesse	3,908,615	-	-	-	-	-	-	634	173	644	101	464	9	5	1520	774	27	5	5	1	-	-	34	2397	-	-	1	122	1147
Wuerttemberg-Baden	3,411,326	-	-	-	-	-	-	760	183	433	67	339	3	5	942	422	39	20	9	-	1	2	2501	-	-	1	-	844	
Bremen Enclave	484,431	-	-	-	-	-	-	243	23	107	42	41	1	3	356	153	4	-	1	-	-	5	654	-	-	-	48	8	
Berlin		-	-	-	-	-	-	7	-	12	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(US Sector)	961,011	-	-	-	-	-	-	309	77	284	90	b/	1	-	516	374	6	2	19	-	-	-	-	b/	-	-	2	b/	-
Case Rate Expressed as per 10,000 Population per Annum																													
Bavaria	8,565,825	-	-	-	-	-	-	20.84	3.91	18.74	2.78	13.77	12	23	39.26	20.84	4.04	.65	.23	.03	.03	.11	129.63	-	.05	.08	-	-	41.42
Greeter Hesse	3,908,615	-	-	-	-	-	-	21.05	5.74	21.38	3.35	15.40	30	17	50.46	25.70	.90	.17	.17	.03	-	.13	79.58	-	-	.03	4.05	38.08	
Wuerttemberg-Baden	3,411,326	-	-	-	-	-	-	28.96	6.97	16.50	2.55	12.92	11	19	35.89	16.08	1.49	.76	.34	-	.04	.08	95.29	-	-	.04	-	32.16	
Bremen Enclave	484,431	-	-	-	-	-	-	65.20	6.17	28.71	11.27	11.00	27	80	95.51	41.05	1.07	-	.27	-	-	.13	175.47	-	-	-	12.88	2.15	
Berlin		-	-	-	-	-	-	41.81	10.42	38.43	12.38	b/	14	-	69.81	50.60	.81	.27	.257	-	-	-	b/	-	-	-	b/	b/	

Case Rate Expressed as per 10,000 Population per Annum

Bavaria	8,565,825	-	-	-	-	-	20.84	3.91	18.74	2.78	13.77	12	423	39.26	20.84	4.04	.65	.23	.03	.03	.11	12963	-	.05	.08	-	41.42		
Greeter Hesse	3,908,615	-	-	-	-	-	21.05	5.74	21.38	3.35	15.40	30	17	50.46	25.70	.90	.17	.17	.03	.03	.13	7358	-	-	.03	4.05	38.08		
Wuerttemberg-																													
Baden	3,411,326	-	-	-	-	-	28.96	6.97	16.50	2.55	12.92	11	19	35.89	16.08	1.49	.76	.34	-	.04	.08	9529	-	-	.04	-	32.16		
Bremen Enclave	484,431	-	-	-	-	-	65.20	6.17	28.71	11.27	11.00	27	80	95.51	41.05	1.07	-	.27	-	-	134	17547	-	-	-	1288	2.15		
Berlin																													
(US Sector)	961,011	-	-	-	-	-	41.81	1042	38.43	12.38	b/	14	-	69.81	50.60	.81	.27	.257	-	-	-	b/	-	-	27	b/	b/		

a/ See note (a), Figure 2.
b/ No data submitted.

Figure 4

COMMUNICABLE DISEASE RATES

U.S. ZONE OF GERMANY a/
FOR PERIOD 30 DECEMBER 1945 - 28 DECEMBER 1946
Expressed as Cases per 10,000 Persons Annually

HEALTH AND MEDICAL AFFAIRS

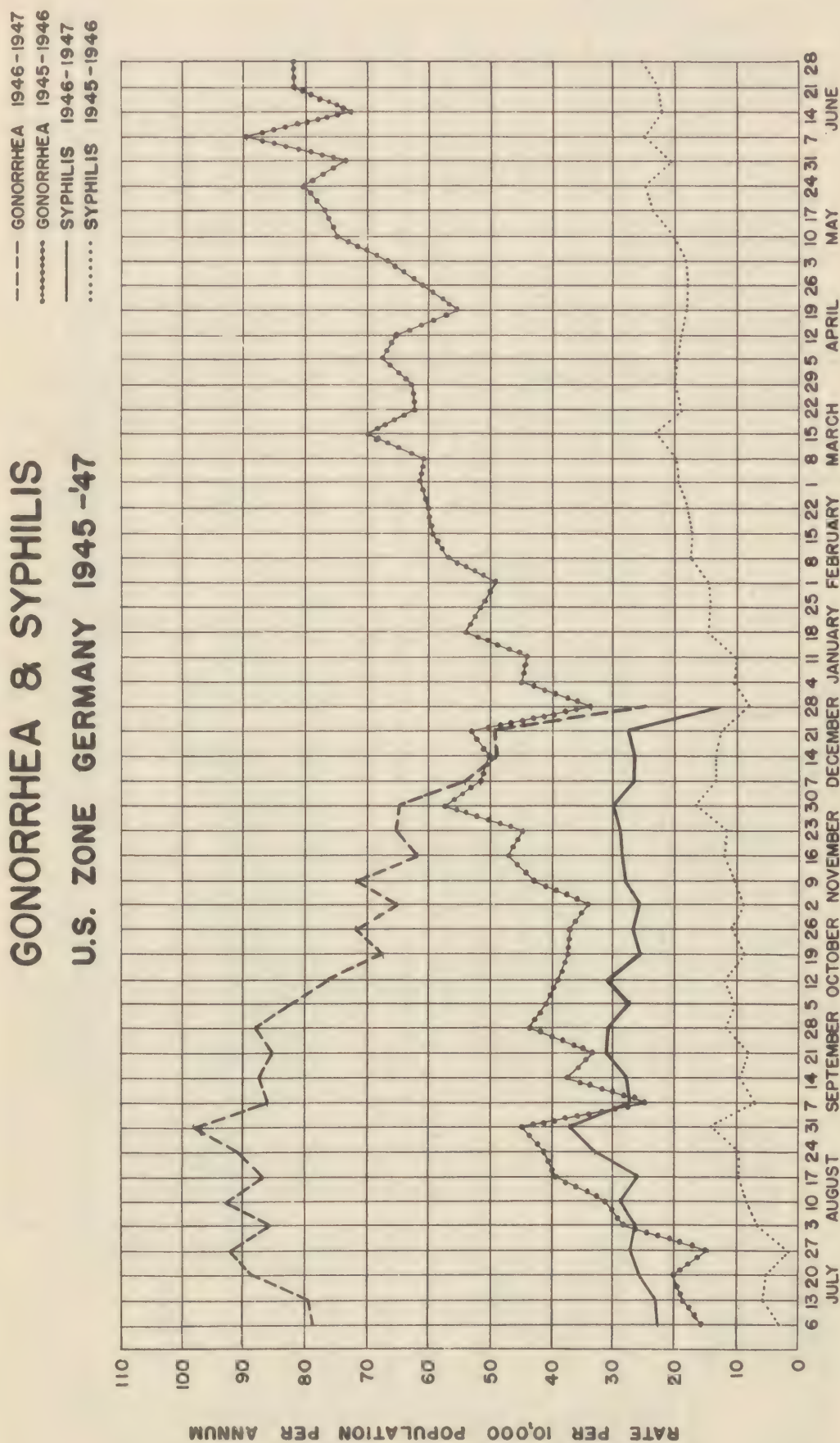
PERIOD	Typhus Fever	Relapsing Fever	Smallpox	Cholera	Plague	Anthrax	Diphtheria	Scarlet Fever	The Lung & Larynx	The Other	Whooping Cough	Meningococcus	Poliomyelitis	Concusses	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rabies	Epidemic Typhus	Malaria	Influenza	Measles
January 1946	.34	-	-	-	-	-	31.38	6.25	13.82	1.45	3.65	.31	.15	47.16	12.06	5.93	.47	.75	.05	.02	.69	62.57	-	.04	.09	2.72	.20
February 1946	1.02	-	-	-	-	-	29.65	6.45	17.32	2.47	6.42	.33	.07	54.74	16.38	4.70	.46	1.06	.03	-	1.90	61.65	-	.02	.10	4.47	.50
March 1946	.57	.01	.01	-	-	-	29.11	5.85	22.65	3.03	8.99	.29	.11	67.32	21.55	3.43	.64	1.47	.22	.02	1.06	83.63	-	.07	.25	6.21	.88
April 1946	.12	-	-	-	-	-	22.68	5.14	20.02	2.75	8.84	.17	.04	60.44	18.11	2.70	.49	1.07	.06	.11	.39	108.41	-	.05	.41	4.56	1.33
May 1946	.04	-	-	-	-	-	22.91	5.46	23.10	3.74	17.97	.22	.06	72.45	21.14	2.51	.53	.86	.16	.03	.41	99.28	-	.02	.59	1.93	3.05
June 1946	.05	-	-	-	-	-	22.33	5.23	23.59	3.71	20.18	.27	.07	84.79	24.11	2.16	.64	1.46	.22	.03	.29	118.34	-	.04	.94	.71	4.40
July 1946	.01	-	-	-	-	-	20.88	5.90	22.18	4.09	23.21	.25	.22	84.58	24.52	2.86	1.38	1.23	2.92	.01	.29	108.61	-	.05	.09	.53	6.02
August 1946	.01	.01	-	-	-	-	25.32	5.89	23.94	4.03	25.12	.22	.72	90.63	30.15	4.20	2.46	1.12	.34	.03	.32	93.68	-	.09	.75	.80	5.00
September 1946	.02	-	-	-	-	-	31.59	7.76	19.69	3.31	19.41	.21	.95	86.72	29.23	5.05	1.31	.84	.03	.09	.43	108.05	-	.04	.51	.87	6.04
October 1946	.01	-	-	-	-	-	33.13	6.34	23.44	3.44	17.28	.22	.64	73.60	27.30	3.29	1.28	.70	.40	.04	.51	103.69	-	.07	.31	.97	9.30
Week Ending: 26 Oct 1946	-	-	-	-	-	-	35.16	6.09	26.25	3.21	16.88	.15	.51	71.94	26.67	3.09	1.50	.42	-	-	.39	115.56	-	.09	.36	.81	12.78
November 1946	-	-	-	-	-	-	29.98	6.15	24.38	3.36	15.97	.22	.31	65.86	28.24	5.03	.93	.47	.02	-	.66	120.16	-	.08	.13	1.24	26.21
Week Ending: 2 Nov 1946	-	-	-	-	-	-	30.12	5.13	23.46	2.91	14.31	.15	.48	65.31	25.77	3.03	.87	.33	-	-	.33	109.50	-	-	.21	1.17	15.24
9 Nov 1946	-	-	-	-	-	-	30.60	7.44	25.05	3.21	17.67	.33	.39	71.88	28.14	11.79	1.32	.45	-	-	.69	120.45	-	-	.12	.81	25.98
16 Nov 1946	-	-	-	-	-	-	31.47	6.60	23.58	2.58	17.64	.21	.24	62.10	28.47	4.17	.87	.36	.06	-	1.05	109.80	-	.06	.18	.84	26.70
23 Nov 1946	-	-	-	-	-	-	26.55	6.24	23.10	3.36	15.33	.18	.36	65.37	28.89	3.27	.96	.63	-	-	.75	124.62	-	.18	.03	1.59	29.19
30 Nov 1946	-	-	-	-	-	-	31.14	5.34	26.73	4.74	14.88	.24	.09	64.65	29.94	2.91	.63	.60	.03	-	.48	136.44	-	.15	.12	1.77	33.93
December 1946	-	-	-	-	-	-	24.88	5.35	20.26	3.62	13.12	.16	.21	44.38	23.20	2.56	.52	.37	.02	.02	.36	105.60	-	.02	.07	1.28	35.43
Week Ending: 7 Dec 1946	-	-	-	-	-	-	30.30	7.05	24.09	3.78	15.36	.15	.21	54.00	26.52	3.66	.75	.42	-	-	.54	143.67	-	-	.12	1.17	28.65
14 Dec 1946	-	-	-	-	-	-	27.21	5.88	20.22	3.18	17.88	.30	.15	49.20	26.46	2.40	.72	.33	.03	-	.18	119.58	-	.06	.09	.93	51.45
21 Dec 1946	-	-	-	-	-	-	24.09	5.01	24.12	5.07	11.46	.12	.12	49.44	27.24	1.89	.51	.42	.06	.09	.36	101.55	-	.03	.03	1.02	31.50
28 Dec 1946	-	-	-	-	-	-	17.31	3.45	12.60	2.46	7.80	.09	.36	24.87	12.60	2.31	.12	.30	-	-	.36	57.60	-	-	.03	1.98	30.12

a/ Includes U.S. Sector Berlin and Bremen Enclaves.

Figure 5

NOVEMBER - DECEMBER 1946

REPORTED CASES OF
GONORRHEA & SYPHILIS
U.S. ZONE GERMANY 1945-'47



WEEK ENDED DATE

Figure 6

and the other two are

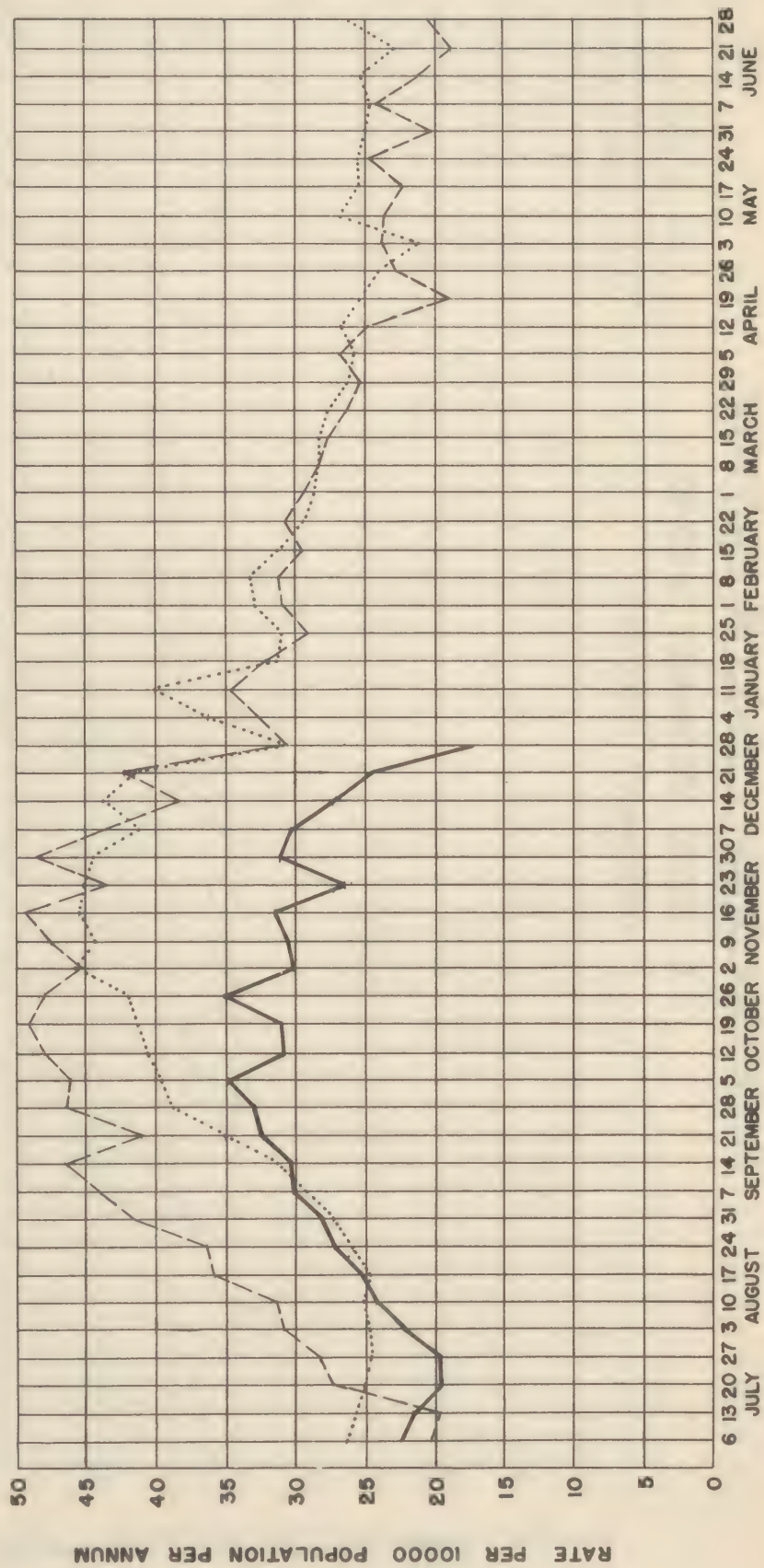
REPORTED CASES OF

DIPHTHERIA

U.S. ZONE GERMANY 1945-'47

GERMANY 1942-'43

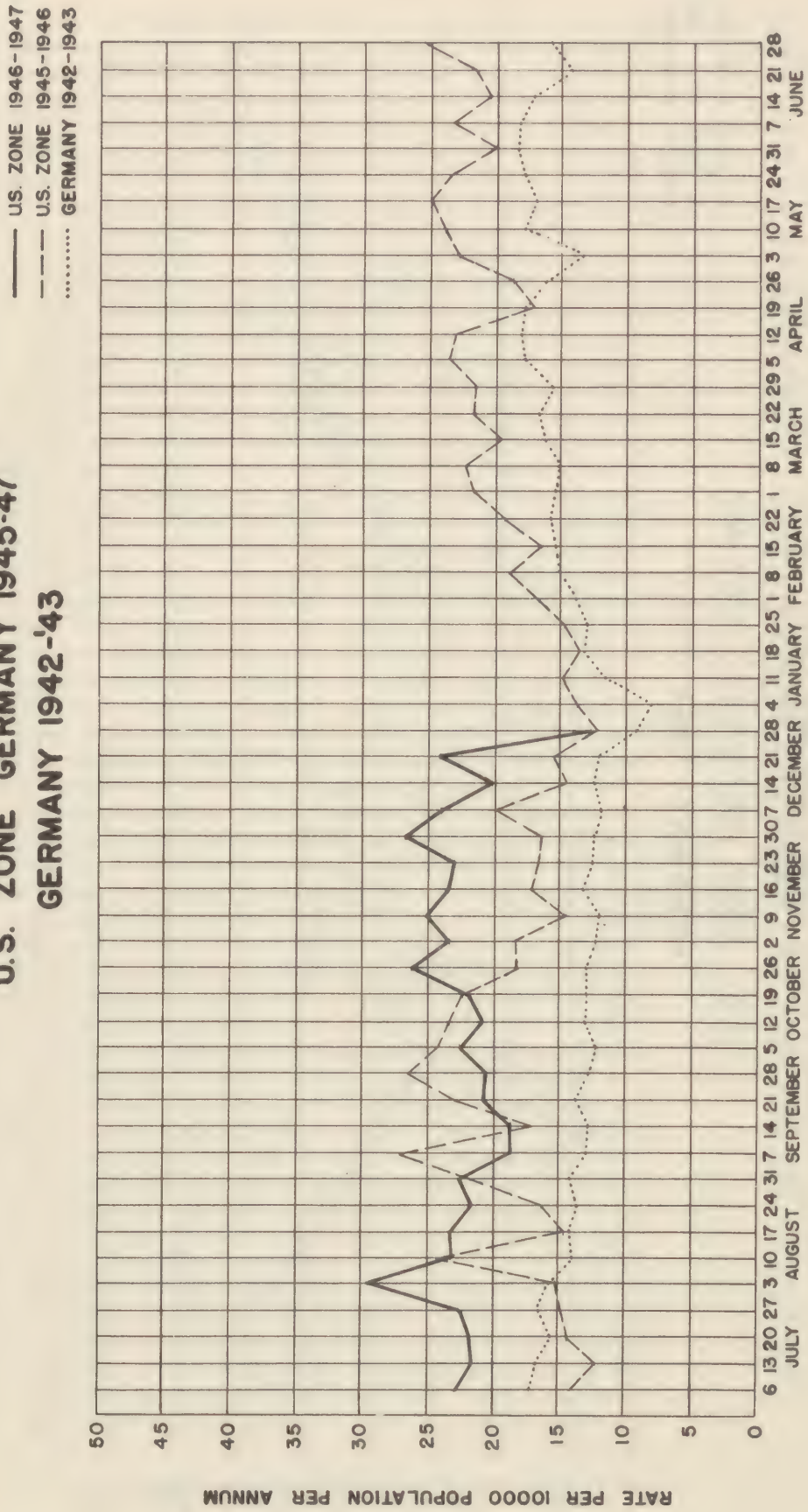
—— U.S. ZONE 1946-1947
 ---- U.S. ZONE 1945-1946
 GERMANY 1942-1943



WEEK ENDED DATE

Figure 7

REPORTED CASES OF
TUBERCULOSIS - LUNGS & LARYNX
U.S. ZONE GERMANY 1945-'47
GERMANY 1942-'43

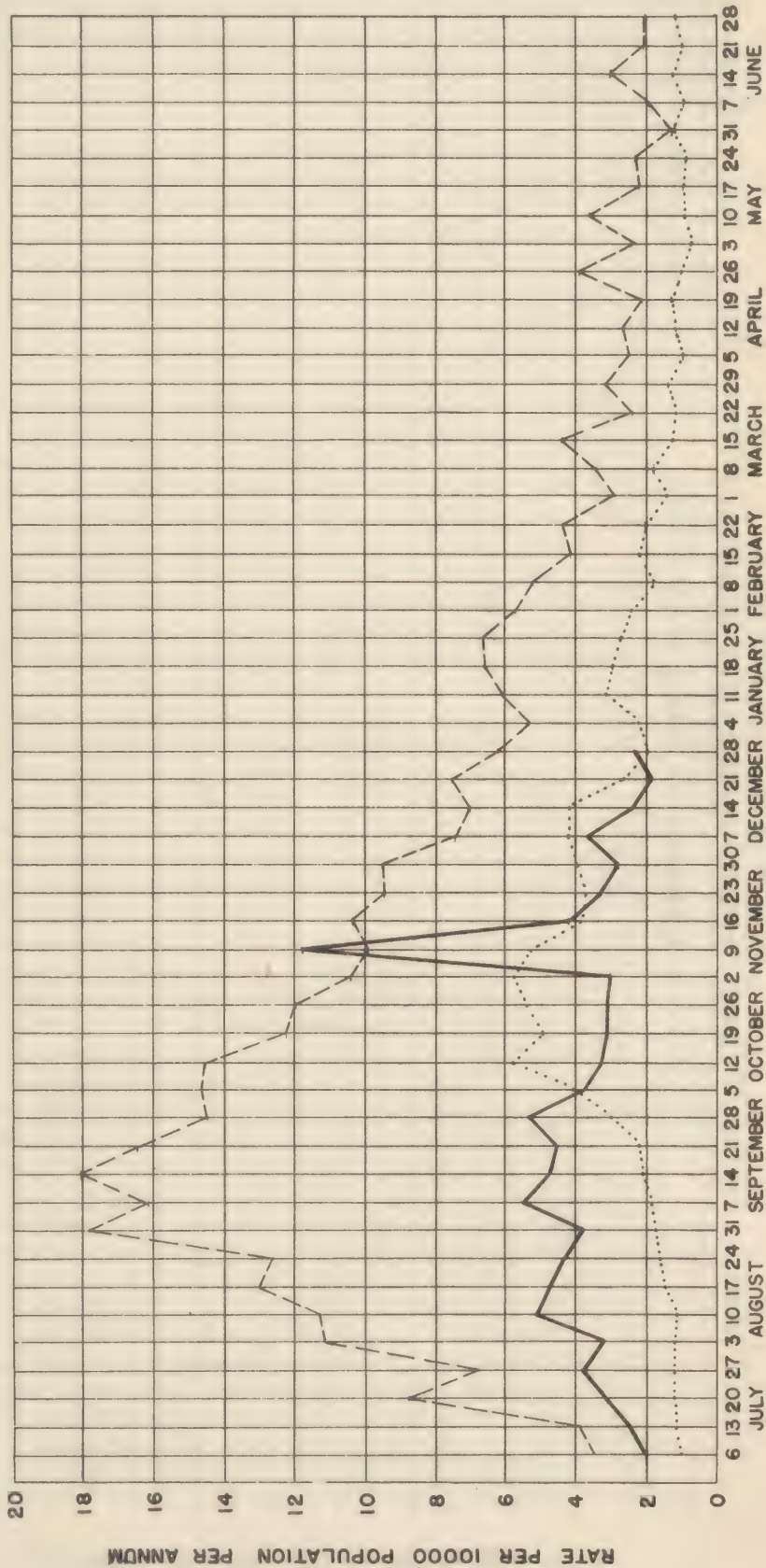


WEEK ENDED DATE
Figure 8

REPORTED CASES OF
TYPHOID FEVER

U.S. ZONE GERMANY 1945-'47
GERMANY 1942-'43

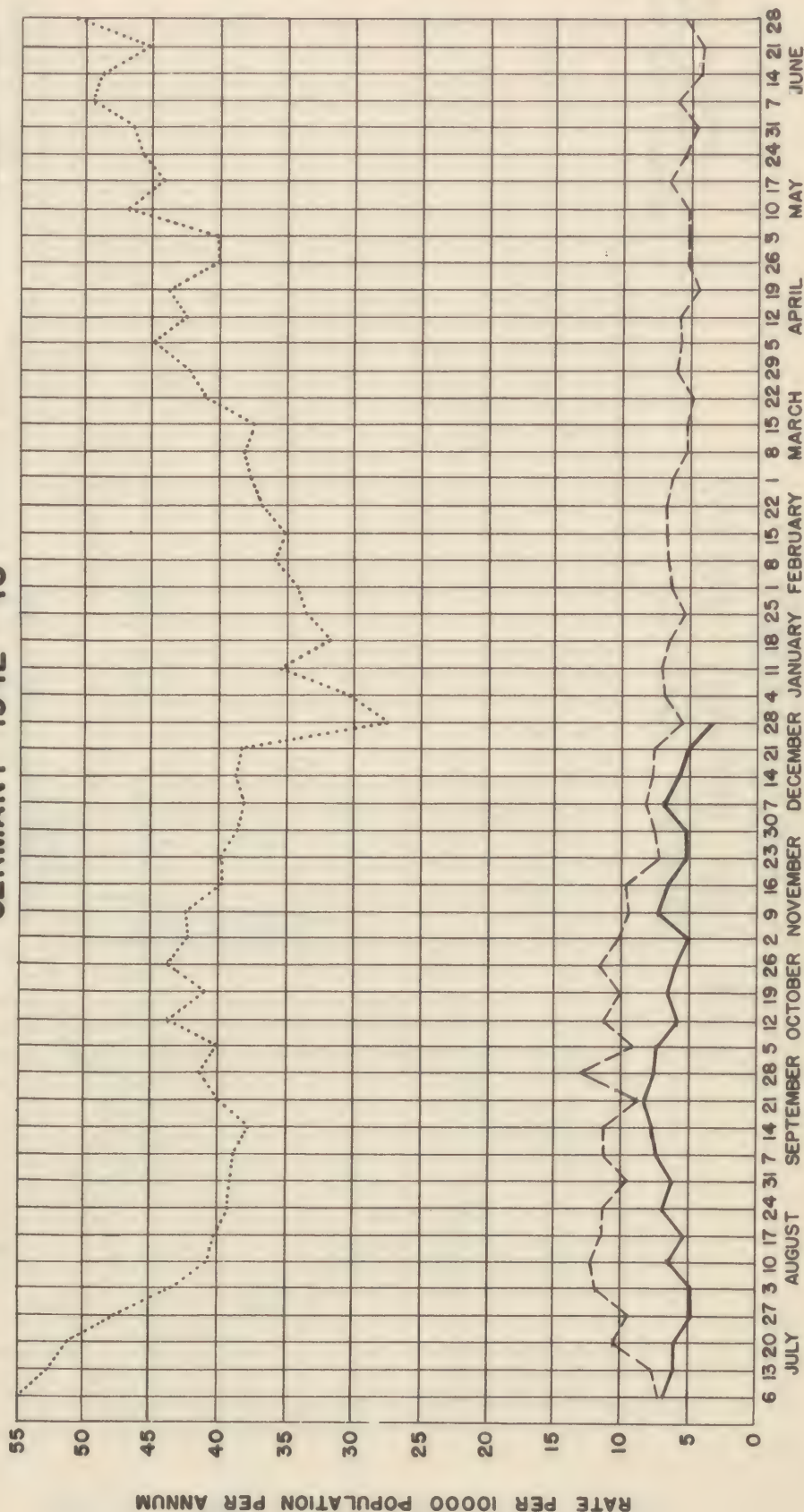
—— U.S. ZONE 1946-1947
- - - U.S. ZONE 1945-1946
..... GERMANY 1942-1943



WEEK ENDED DATE
Figure 9

REPORTED CASES OF
SCARLET FEVER
U.S. ZONE GERMANY 1945-'47
GERMANY 1942-'43

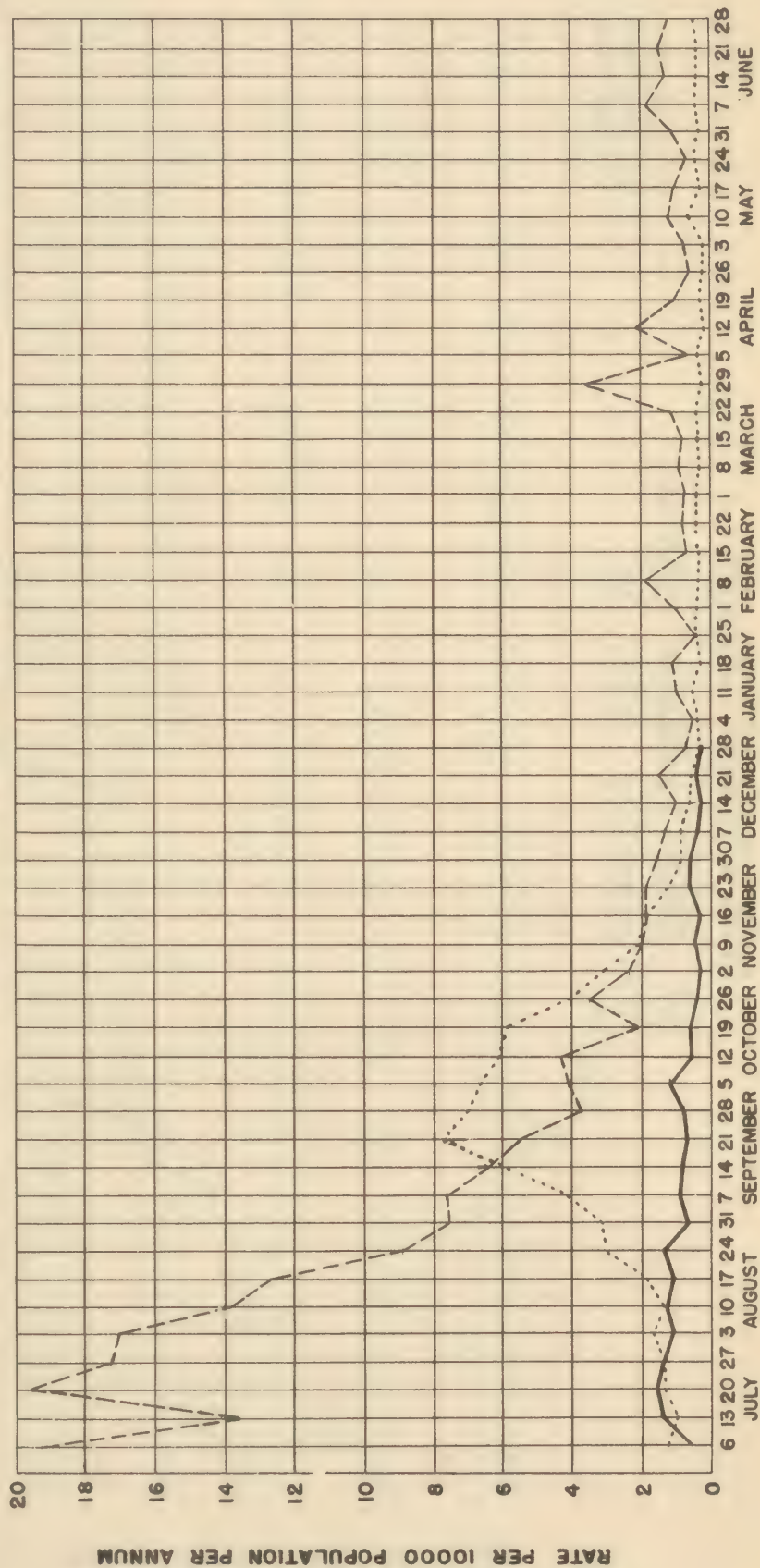
— U.S. ZONE 1946-1947
- - - U.S. ZONE 1945-1946
..... GERMANY 1942-1943



WEEK ENDED DATE
Figure 10

REPORTED CASES OF
DYSENTERY
U.S. ZONE GERMANY 1945-'47
GERMANY 1942 -'43

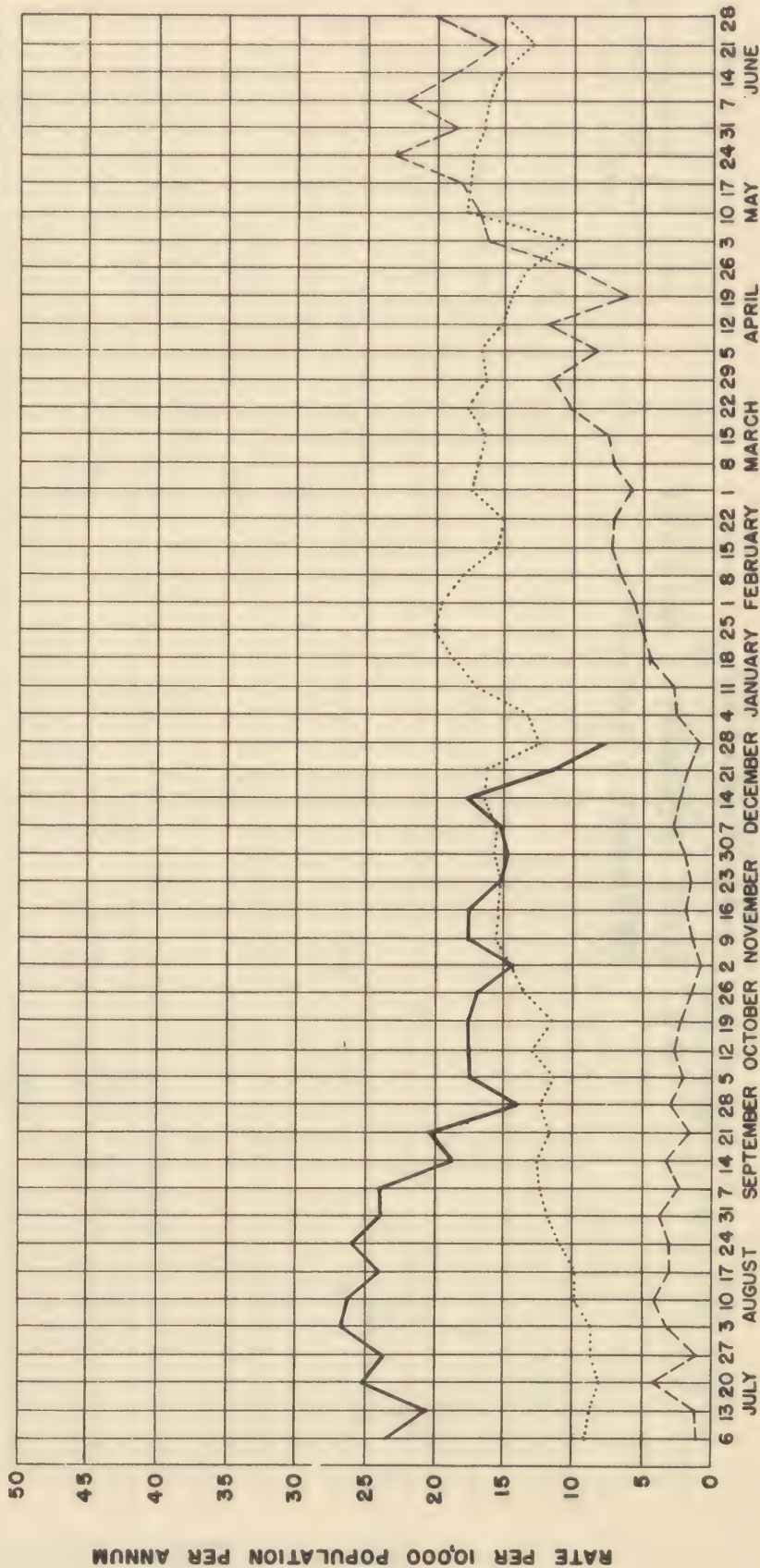
— U.S. ZONE 1946-1947
- - - U.S. ZONE 1945-1946
..... GERMANY 1942-1943



REPORTED CASES OF
WHOOPING COUGH

U.S. ZONE GERMANY 1945-'47
GERMANY 1942-'43

— U.S. ZONE 1946-1947
- - - U.S. ZONE 1945-1946
..... GERMANY 1942-1943



WEEK ENDED DATE
Fig. 12

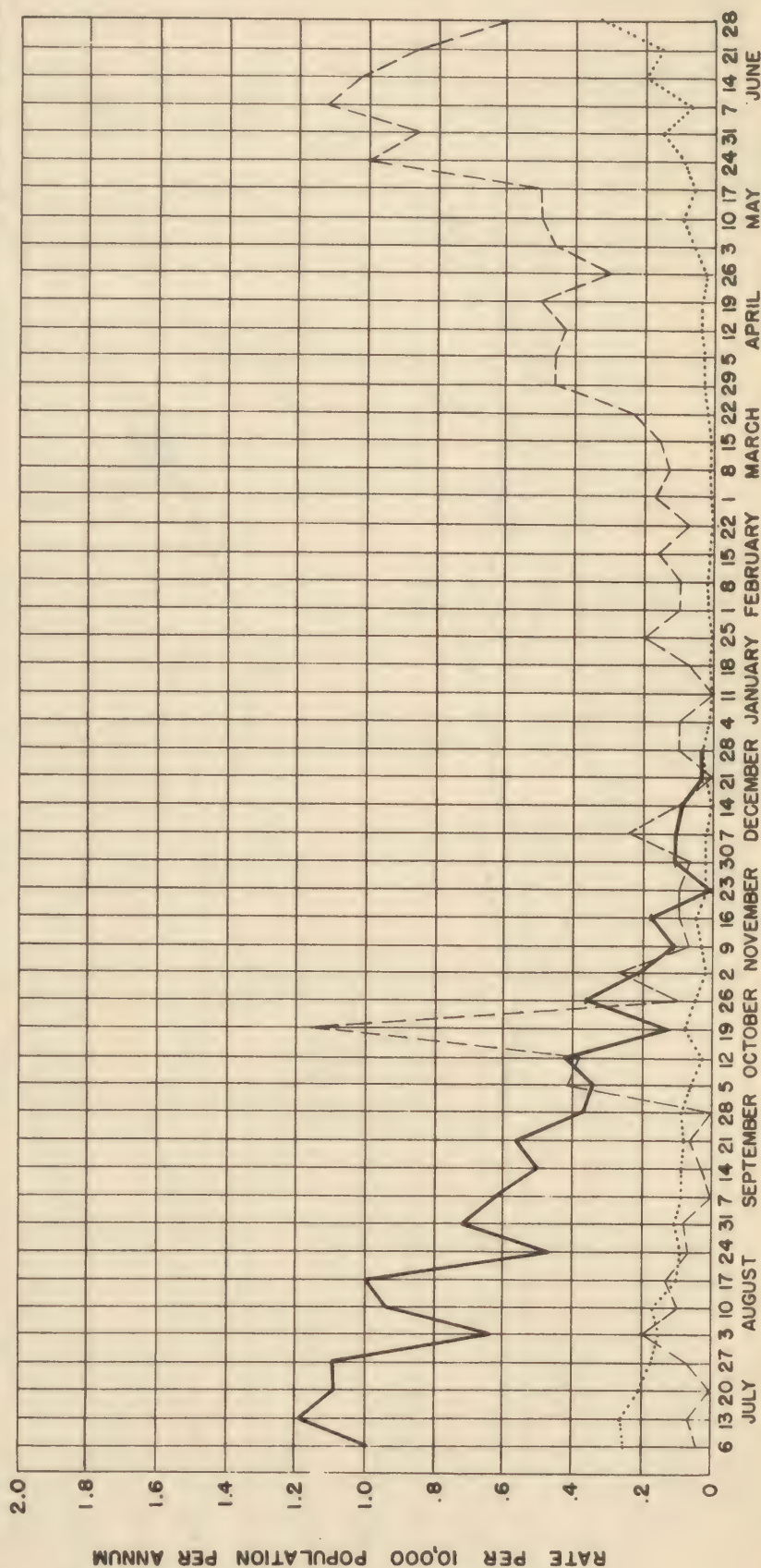
REPORTED CASES OF

MALARIA

U.S. ZONE GERMANY 1945-'47

GERMANY 1942-'43

—— U.S. ZONE 1946-1947
- - - U.S. ZONE 1945-1946
..... GERMANY 1942-1943



WEEK ENDED DATE
Figure 13

REPORTED CASES OF
GONORRHEA
U.S. ZONE GERMANY 1946

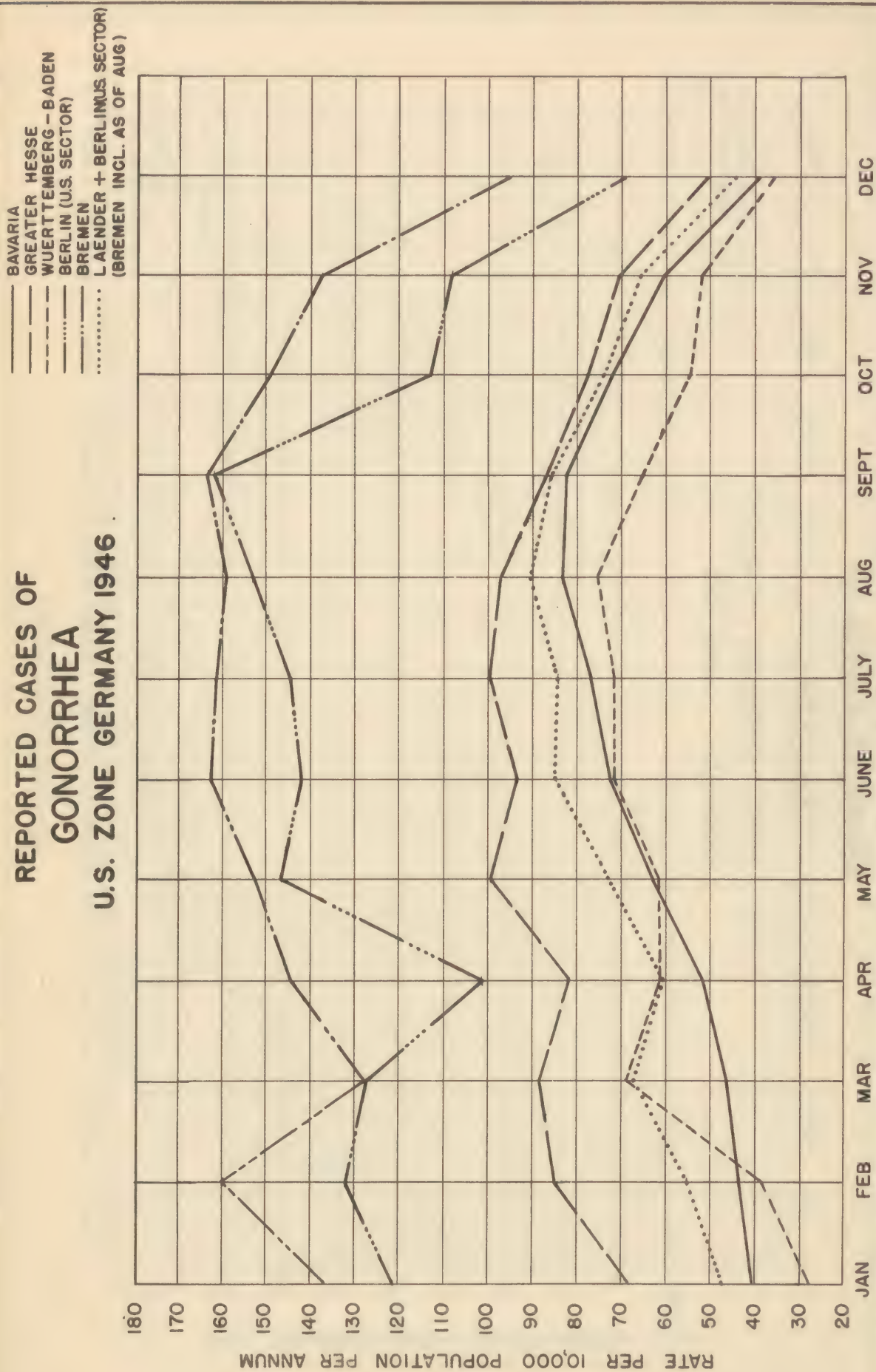


Figure 14

REPORTED CASES OF
SYPHILIS
U.S. ZONE GERMANY 1946

BAVARIA
GREATER HESSE
WUERTTEMBERG-BADEN
BERLIN (U.S. SECTOR)
BREMEN
LAENDER + BERLIN (U.S. SECTOR)
(BREMEN INCL. AS OF AUG)

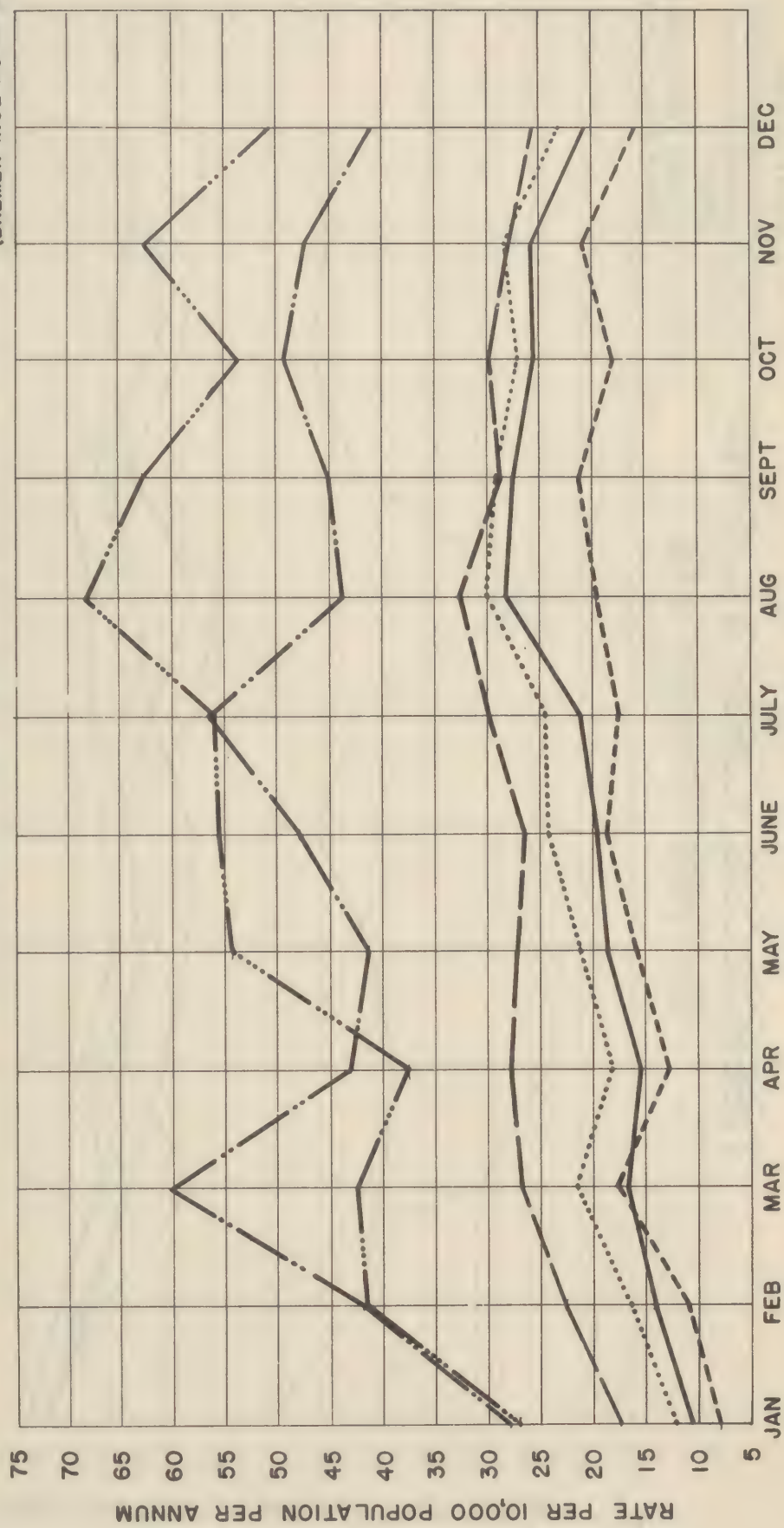


Figure 15

REPORTED CASES OF
TUBERCULOSIS, LUNGS & LARYNX
U.S. ZONE GERMANY 1946

- BAVARIA
- GREATER HESSE
- WUERTTEMBERG-BADEN
- BERLIN (U.S. SECTOR)
- BREMEN
- LAENDER + BERLIN(US SECTOR)
(BREMEN INCL AS OF AUG)

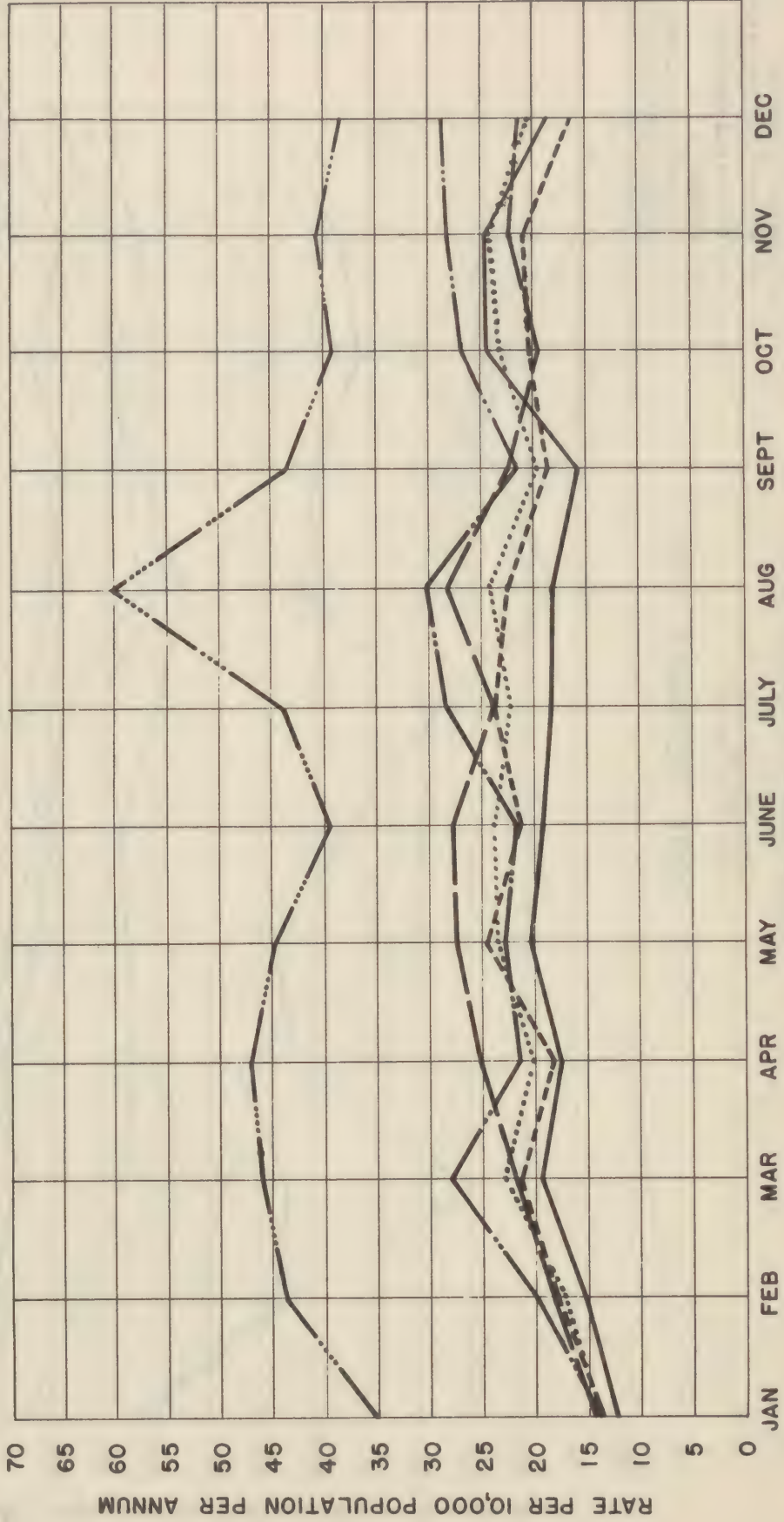


Figure 16

REPORTED CASES OF TYPHOID FEVER U.S. ZONE GERMANY 1946

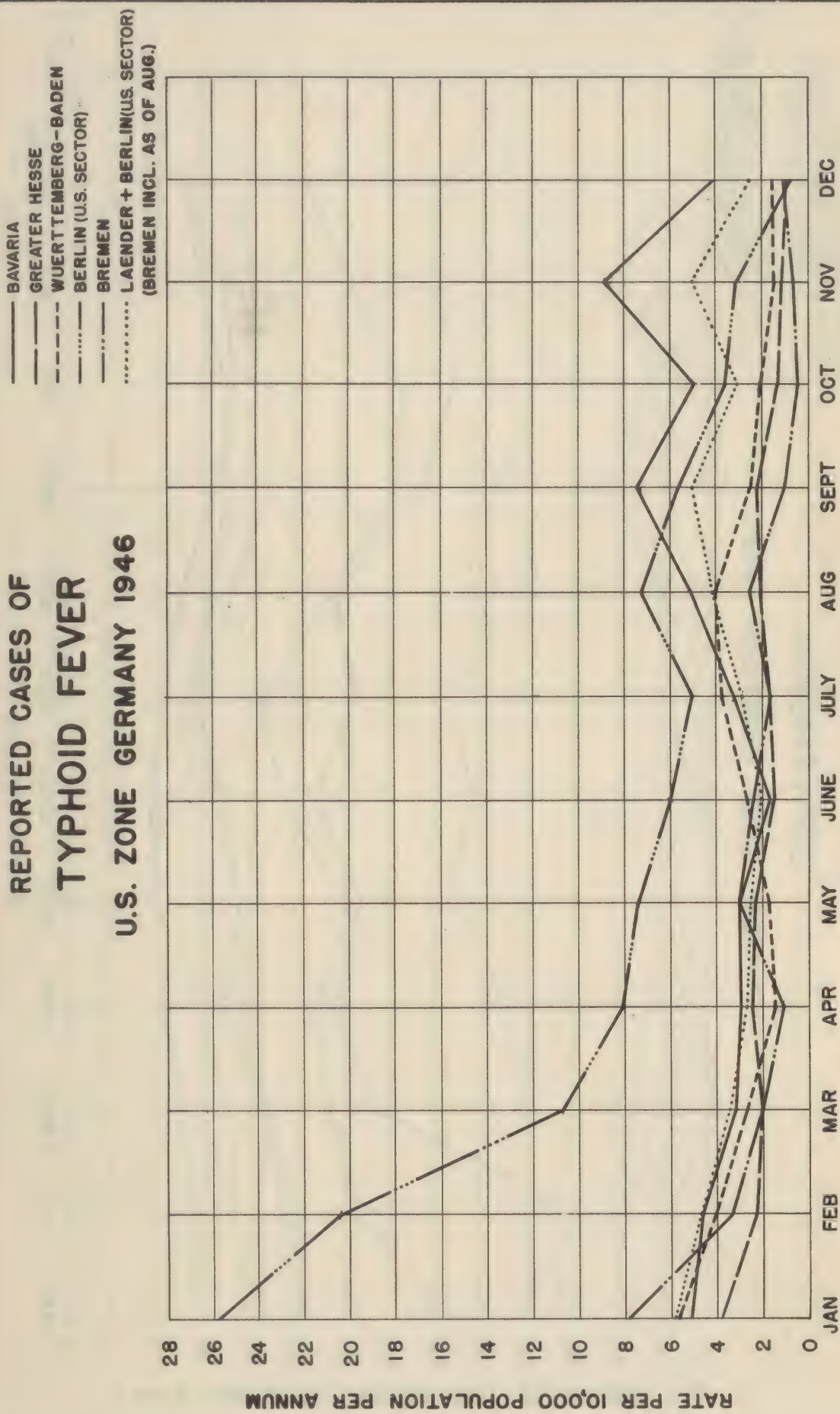


Figure 17

REPORTED CASES OF

DIPHTHERIA

U.S. ZONE GERMANY 1946

- BAVARIA
- GREATER HESSE
- WUERTTEMBERG-BADEN
- BERLIN (U.S. SECTOR)
- BREMEN
- LAENDER + BERLIN (U.S. SECTOR)
(BREMEN INCL. AS OF AUG)

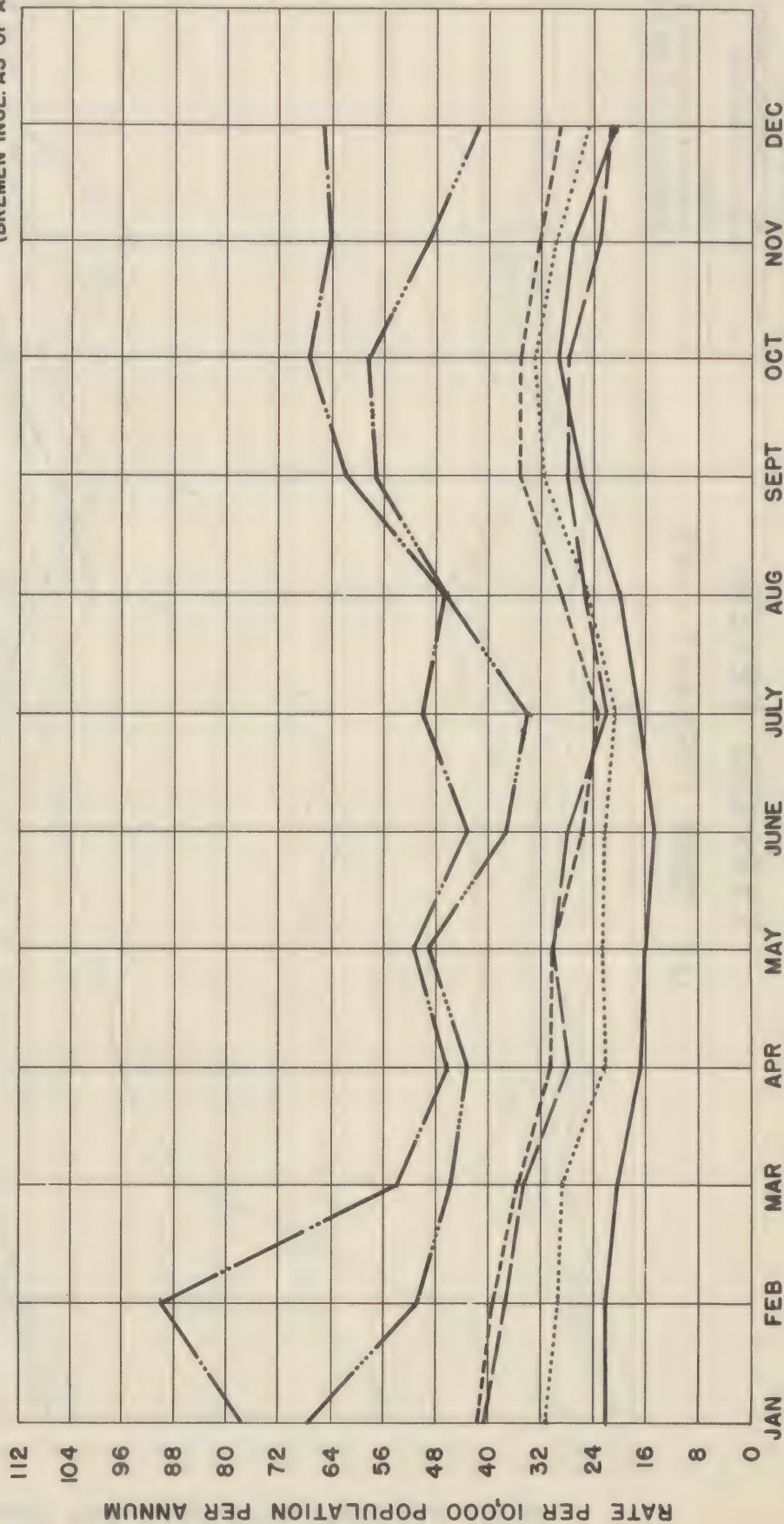


Figure 18

REPORTED CASES OF
SCARLET FEVER
U.S. ZONE GERMANY 1946

- BAVARIA
- GREATER HESSE
- WUERTTEMBERG - BADEN
- BERLIN (U.S. SECTOR)
- BREMEN
- LAENDER + BERLIN (U.S. SECTOR)
(BREMEN INCL. AS OF AUG)

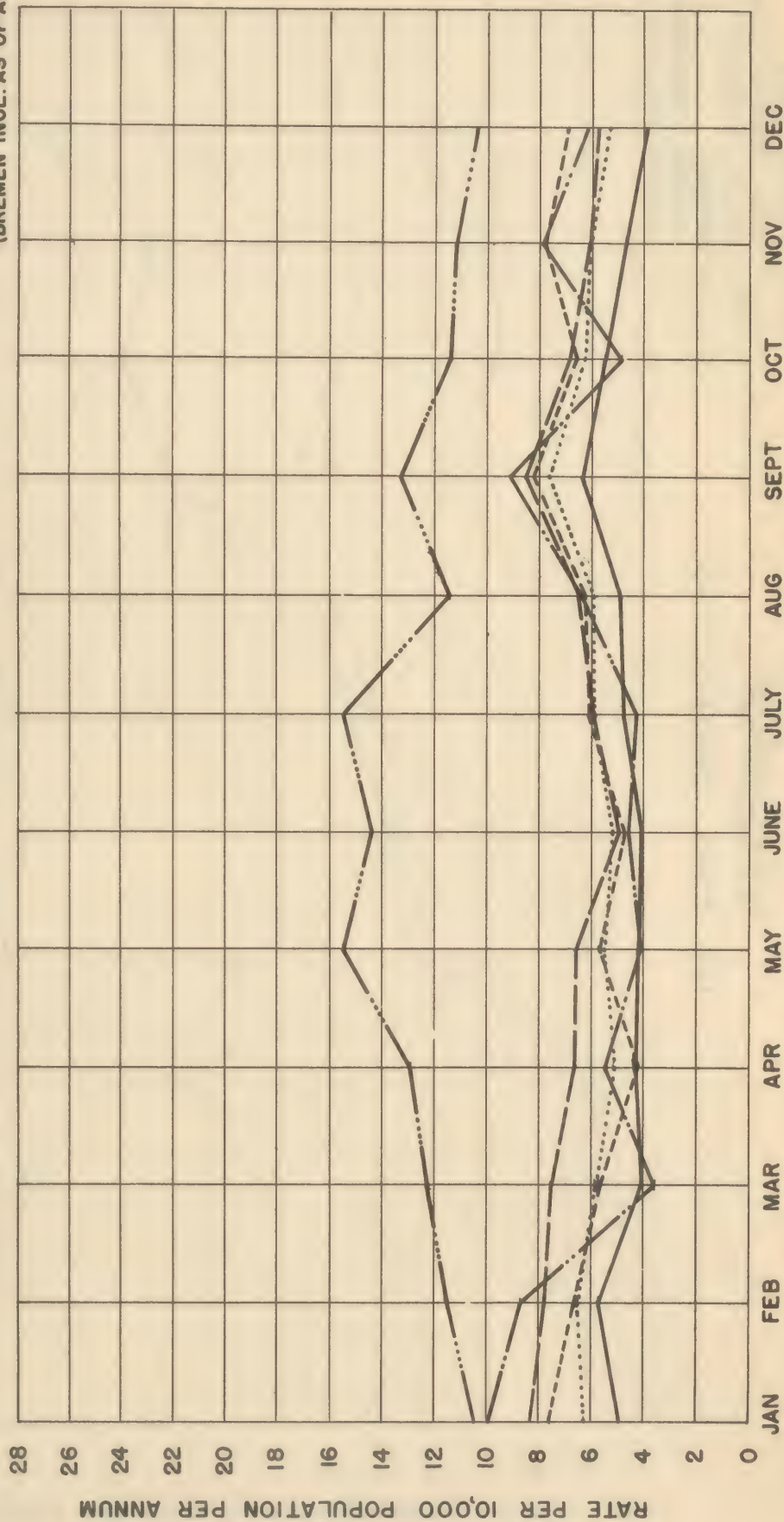


Figure 19

REPORTED CASES OF
DYSENTERY
U.S. ZONE GERMANY 1946

- BAVARIA
- GREATER HESSE
- WUERTTEMBERG-BADEN
- BERLIN (U.S. SECTOR)
- BREMEN
- LAENDER + BERLIN (U.S. SECTOR
(BREMEN INCL. AS OF AUG)

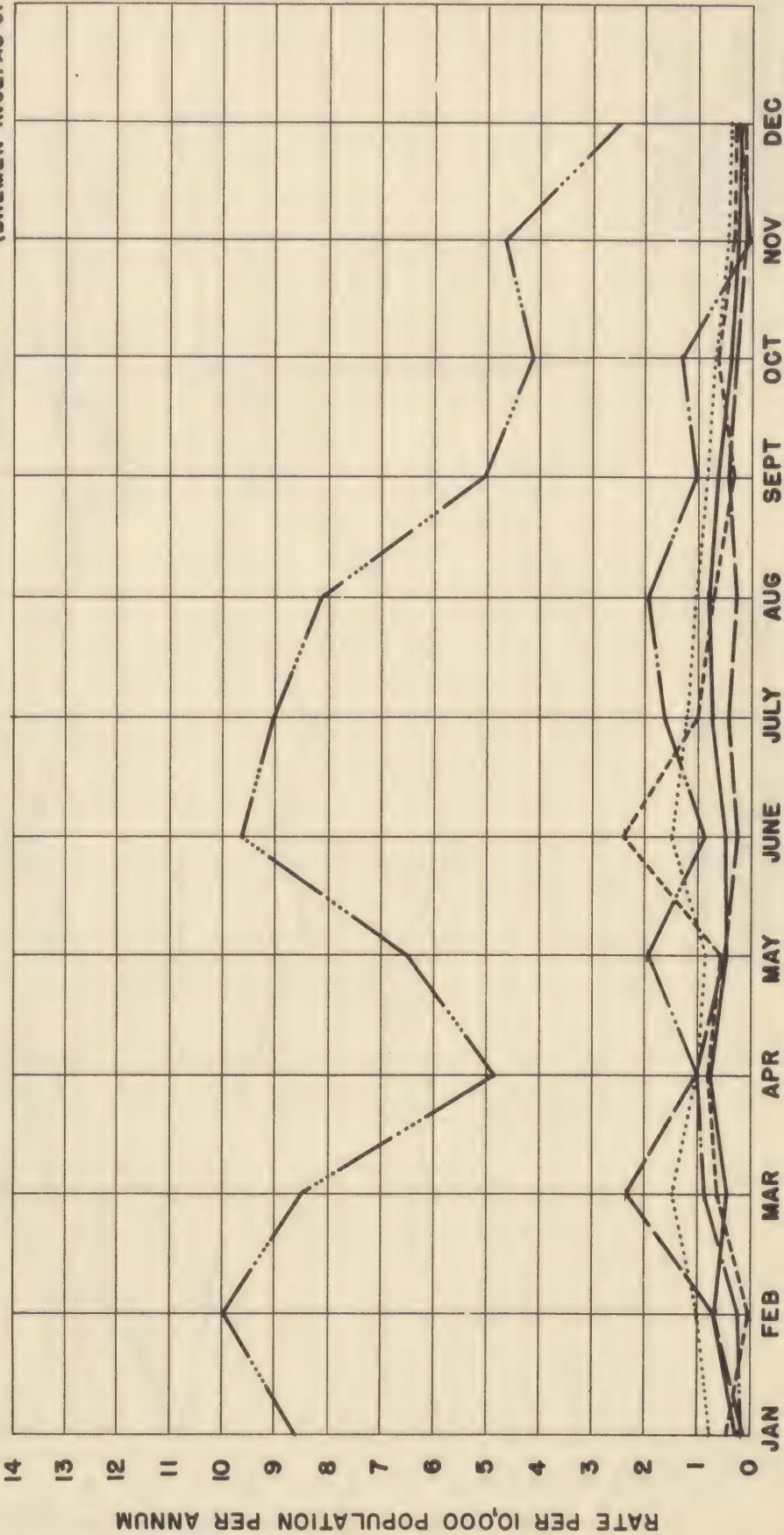


Figure 20

REPORTED CASES OF WHOOPING COUGH U.S. ZONE GERMANY 1946

BAVARIA
GREATER HESSE
WUERTTEMBERG-BADEN
LAENDER + BERLIN (U.S. SECTOR)
(BREMEN INCL. AS OF AUG)

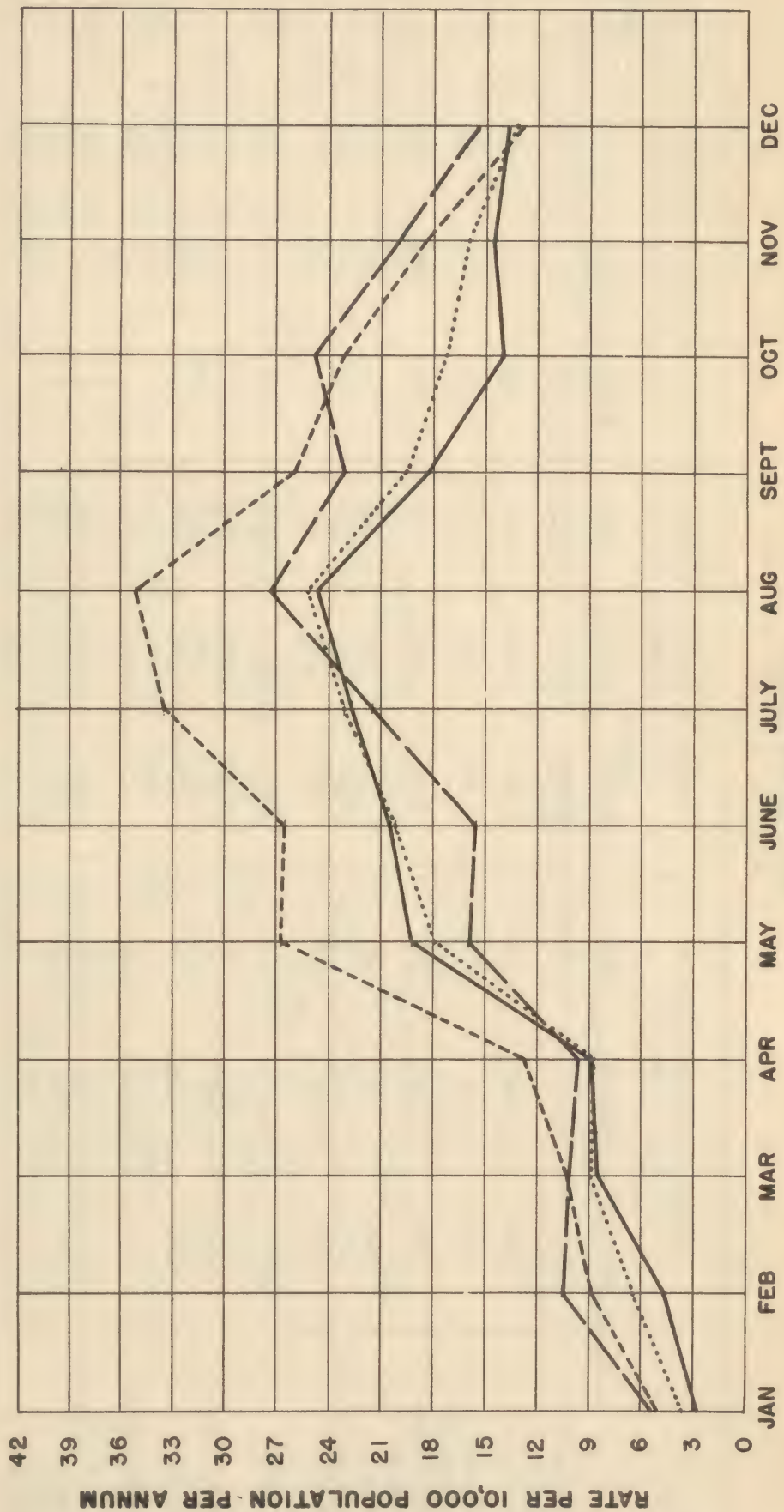


Figure 21

HEALTH AND MEDICAL AFFAIRS

PENICILLIN TREATMENT OF GONORRHEA IN GERMAN CIVILIANS
U.S. ZONE OF GERMANY

AREA	Number of Patients Treated During October 1946			Number of Patients Treated During November 1946			Number of Patients Treated During December 1946			Number of Patients Treated Cumulative To 1 January 1947
	Males	Females	Total	Males	Females	Total	Males	Females	Total	
TOTAL U.S. ZONE	4,213	7,374	11,587	3,085	5,240	8,325	1,234	2,330	3,564	122,843
BAVARIA	1,690	2,876	4,566	976	1,698	2,674	391	670	1,061	50,388
Unterfranken	122	203	325	92	198	230	61	129	190	3,729
Oberfranken und Mittelfranken	364	753	1,117	216	455	671	95	171	266	14,762
Niederbayern & Oberpfalz	360	691	1,051	256	508	764	43	104	147	11,078
Schwaben	123	276	399	138	258	396	105	127	232	5,523
Oberbayern	721	953	1,674	274	339	613	87	139	226	15,296
GREATER HESSE	1,093	1,979	3,072	867	1,441	2,308	288	697	985	29,219
Kassel	330	444	774	277	320	597	148	223	371	7,798
Wiesbaden	606	1,081	1,687	443	797	1,240	110	215	325	15,595
Hessen	157	454	611	147	324	471	30	259	289	5,826
WUERTTEMBERG-BADEN	927	1,242	2,169	617	922	1,539	-	-	a/	22,250
Baden	461	668	1,129	330	461	791	-	-	-	13,056
Wuerttemberg	466	574	1,040	287	461	748	-	-	-	12,194
BREMEN ENCLAVE	91	230	321	177	412	589	-	-	a/	6,354
BERLIN (U.S. SECTOR)	412	1,047	1,459	448	767	1,215	555	963	1,518	11,632

a/ Penicillin supply exhausted during November.

Figure 22

NOVEMBER - DECEMBER 1946

REPORTED VACCINATIONS AND IMMUNIZATIONS
U.S. ZONE OF GERMANY
DURING OCTOBER, NOVEMBER AND DECEMBER 1946

Area and Disease	DURING OCTOBER 1946				DURING NOVEMBER 1946				DURING DECEMBER 1946						
	Smallpox	Diph- teria	Typhoid	Scarlet Fever	Typhus	Smallpox	Diph- teria	Typhoid	Scarlet Fever	Typhus	Smallpox	Diph- teria	Typhoid	Scarlet Fever	Typhus
TOTAL	31,826	91,630	74,771	76,284	1,056	19,823	103,499	136,293	78,694	2,276	6,525	47,770	49,338	33,578	5,176
LAND BAVARIA	6,994	36,265	53,286	20,930	222	2,247	41,321	117,092	21,356	67	107	12,939	33,562	5,313	2,454
Unterfranken	-	1,099	11,264	1,091	10	-	442	1,863	428	-	2	45	494	-	1,820
Ober und Mittelfranken	4,274	18,459	24,486	16,286	25	1,719	20,208	66,132	18,153	-	-	5,611	1,220	4,500	-
Niederbayern & Oberpfalz	6	10,264	8,201	3,465	168	8	11,194	5,026	1,591	19	57	1,156	4,063	443	626
Schwaben	1,287	2,968	8,347	-	18	287	2,006	20,396	1,118	26	13	797	27,230	318	-
Oberbayern	1,427	3,475	988	88	1	233	7,471	23,675	66	22	35	5,330	555	52	8
LAND GREATER HESSE	8,012	15,722	5,080	15,722	77	5,723	16,053	16,891	16,053	77	3,759	2,951	15,517	2,951	6
Kassel	1,752	14,269	4,942	14,269	77	3,581	14,977	16,876	14,977	77	918	831	15,517	831	3
Wiesbaden	2,915	304	138	304	-	2,442	1,076	15	1,076	-	1,337	68	-	68	3
Hessen	3,345	1,149	-	1,149	-	-	-	-	-	-	1,504	2,052	-	2,052	-
LAND WUERTTEMBERG-BADEN	10,738	39,643	4,687	39,632	120	9,869	41,335	2,310	41,285	194	2,659	25,342	259	25,344	10
Baden	3,545	3,400	363	3,400	-	4,240	3,381	1,021	3,346	-	2,658	2,928	18	2,928	-
Wuerttemberg	7,193	36,243	4,324	36,232	120	5,629	37,954	1,289	37,939	194	1	22,414	241	22,386	10
BREMEN ENCLAVE	-	-	11,718	-	457	-	-	-	-	-	-	-	-	-	-
BERLIN DISTRICT (U.S. SECTOR)	6,082	-	-	-	180	1,984	4,790	-	-	-	-	6,538	-	-	2,706

Figure 23

NOVEMBER - DECEMBER 1946

HEALTH AND MEDICAL AFFAIRS

MORTALITY REPORT U.S. ZONE OF GERMANY FOR THE QUARTER OCTOBER - DECEMBER 1946

A R E A	Number of Live Births	Number of Still Births	Total Deaths All Ages And Causes	Number of Deaths Under 1 Year	Number of Deaths Over 70 Years
TOTAL U.S. ZONE (3 LAENDER)	69,596	1,568	54,693	6,428	19,656
BAVARIA	40,891	958	31,767	4,219	10,995
Unterfranken	4,336	84	3,439	439	1,196
Ober und Mittelfranken	10,110	235	7,752	884	2,852
Niederbayern & Oberpfalz	9,892	257	7,337	1,238	2,638
Schwaben	5,401	116	4,116	586	1,499
Oberbayern	11,152	266	9,123	1,066	2,810
GREATER HESSE	15,240	355	12,300	1,142	5,052
Kassel	5,180	112	3,544	372	1,401
Wiesbaden	5,657	128	5,037	484	1,990
Hessen	4,403	115	3,719	286	1,661
WUERTTEMBERG-BADEN	13,465	255	10,626	1,073	3,609
Baden	4,919	102	4,184	529	1,305
Wuerttemberg	8,546	153	6,442	544	2,304
BREMEN ENCLAVE	1,731	40	1,420	157	509
BERLIN (U.S. SECTOR)	2,461	64	4,787	215	1,851

	Birth Rate a/	Mortality Rate a/	Infant Mortality Rate b/
U.S. ZONE (3 LAENDER)	17.5	19.8	92.4
BREMEN ENCLAVE	14.3	11.7	90.7
BERLIN (U.S. SECTOR)	10.2	19.9	87.4

a/ Birth and death rates expressed as per 1,000 population per annum.

b/ Infant mortality rates expressed as deaths under one year per 1,000 live births.

Figure 24

NOVEMBER - DECEMBER 1946

BIRTH & DEATH RATES

U.S. ZONE (3 LÄNDER) 1946

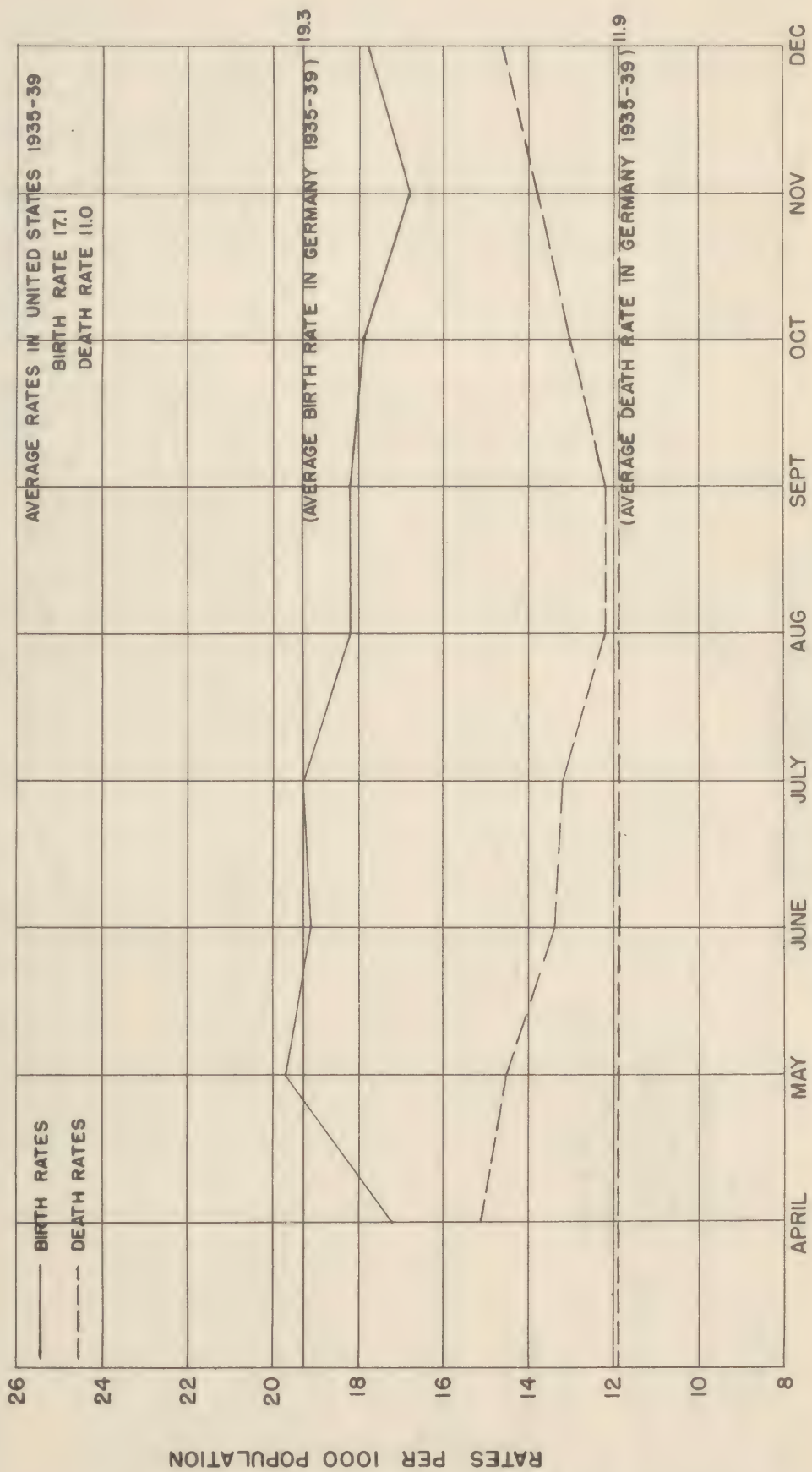


Figure 25

NOVEMBER - DECEMBER 1946

INFANT MORTALITY RATE
U.S. ZONE GERMANY 1946

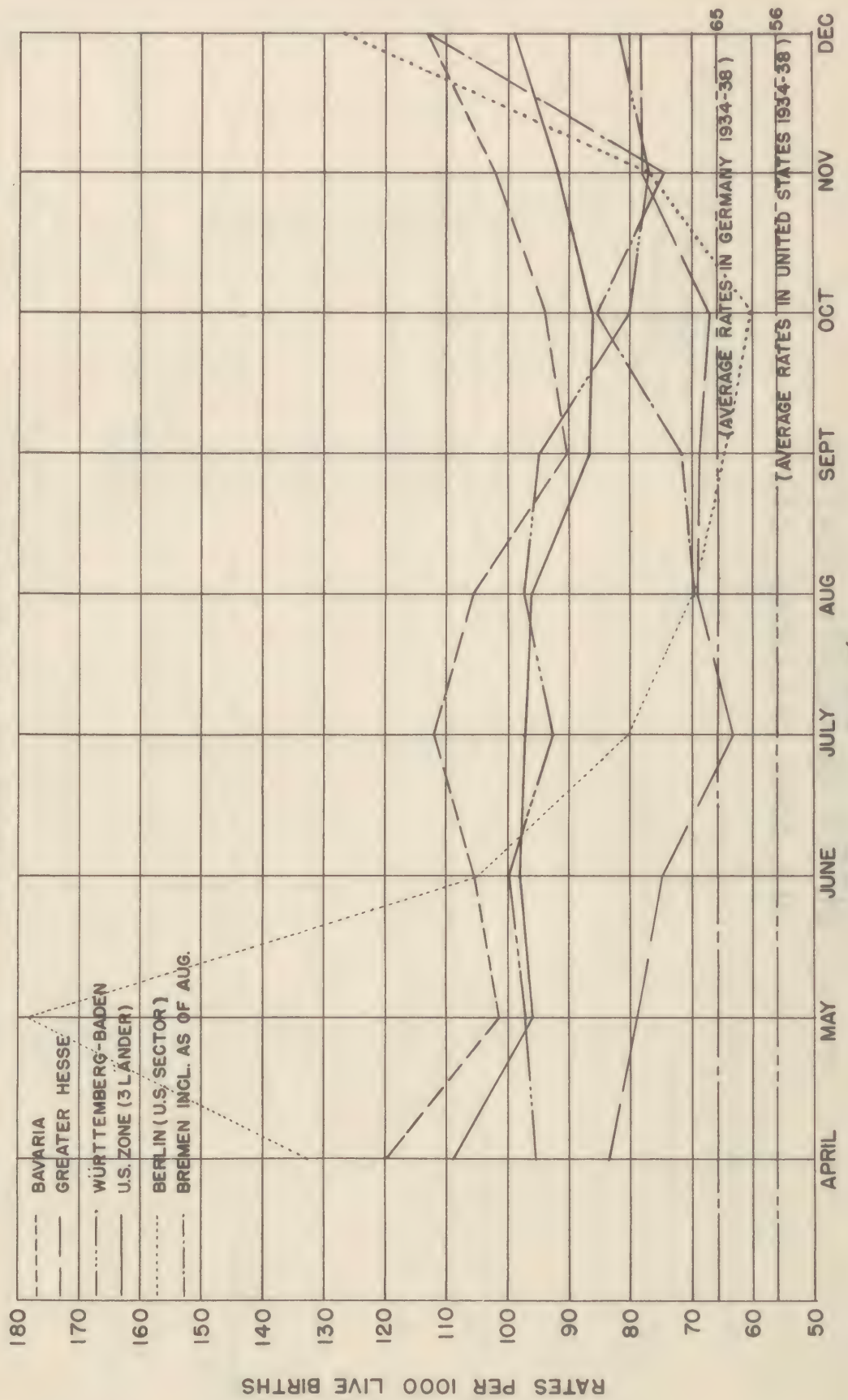


Figure 26

DEATH RATES FROM COMMUNICABLE DISEASES
(For Period 29 December 1945 to 26 October 1946)
Expressed as Deaths per 10,000 Population per Annum

HEALTH AND MEDICAL AFFAIRS			
Area, Period Covered and Disease	Relapsing Fever	Smallpox	Cholera
	Typhus Fever	Plague	Anthrax
	Diphtheria	Scarlet Fever	The Lung & Larynx
	The Other	Whooping Cough	Meningitis
	Poliovirus	Gonorrhea	Syphilis
	Typhoid Fever	Paratyphoid	Dysentery
	Infectious	Bact. Food Poisoning	Undulant Fever
	Jaundice	Scabies	Rabies
	Encephalitis	Malaria	Influenza
	Measles		
	TOTAL ALL COMMUNICABLE DISEASES		
Total 29 Dec - 26 Jan 1946	.02	.02	.01
Total 27 Jan - 23 Feb 1946	.11	.04	.02
Total 24 Feb - 30 Mar 1946	.06	.04	.02
Total 31 Mar - 27 Apr 1946	.02	.06	.02
Total 28 Apr - 25 May 1946	.01	.04	.01
Total 26 May - 29 Jun 1946	.01	.04	.01
Total 30 Jun - 27 Jul 1946	.01	.04	.01
Total 28 Jul - 31 Aug 1946	.01	.04	.01
Total 1 Sept - 28 Sep 1946	.01	.04	.01
Total 29 Sep - 26 Oct 1946	.01	.04	.01
LAND BAVARIA			
Unterfranken	.02	.02	.03
Ober und Mittelfranken	.02	.02	.03
Niederbayern und Oberpfalz	.02	.02	.03
Schwaben	.02	.02	.03
Oberbayern	.02	.02	.03
LAND GREATER HESSE			
Kassel	.02	.02	.03
Wiesbaden	.02	.02	.03
Hessen	.02	.02	.03
LAND WUERTTEMBERG-BADEN			
Baden	.02	.02	.03
Wuerttemberg	.02	.02	.03
BREMEN ENCLAVE			
BERLIN (U.S. SECTOR)			

NOVEMBER - DECEMBER 1946

Figure 27

HEALTH AND MEDICAL AFFAIRS

DEATH RATES FROM COMMUNICABLE DISEASES
(For Period 27 October 1946 to 30 November 1946)
Expressed as Deaths per 10,000 Population per Annum

Area, Period Covered and Disease	Typhus Fever	Louse Borne	Relapsing Fever	Smallpox	Cholera	Plague	Anthrax	Diphtheria	Scarlet Fever	The Lung & Larynx	The Other	Whooping Cough	Meningitis	Polio-myelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rabies	Rncephalitis	Malaria	Influenza	Measles	TOTAL ALL COMMUNICABLE DISEASES
Total 27 Oct - 30 Nov 1946	-	-	-	-	-	-	-	1.22	.05	4.36	.41	.12	.10	.04	-	.05	.35	.02	.02	.01	-	-	-	-	.02	-	-	.04	6.81
LAND BAVARIA	-	-	-	-	-	-	-	1.49	-	3.71	.30	.16	.12	.06	-	.07	.54	.04	.01	-	-	-	-	-	.04	-	-	.07	6.62
Unterfranken	-	-	-	-	-	-	-	.86	-	4.95	.22	-	.11	.11	-	.11	.75	-	-	-	-	-	-	-	-	-	-	-	7.11
Ober und Mittelfranken	-	-	-	-	-	-	-	1.95	-	3.90	.37	.28	.14	-	-	.05	.60	.05	-	-	-	-	-	-	.09	-	-	-	7.42
Niederbayern und Oberpfalz	-	-	-	-	-	-	-	1.60	-	3.84	.27	-	.11	.05	-	-	.11	.05	-	-	-	-	-	-	-	-	-	-	6.02
Schwaben	-	-	-	-	-	-	-	1.27	-	2.90	.45	.18	.27	.09	-	.27	.36	-	-	-	-	-	-	-	.09	-	-	.54	6.43
Oberbayern	-	-	-	-	-	-	-	1.33	-	3.35	.23	.23	.05	.09	-	.05	.87	.05	.05	-	-	-	-	-	-	-	-	-	6.29
LAND GREATER HESSE	-	-	-	-	-	-	-	.85	.21	3.19	.40	.08	.13	.03	-	.03	.08	-	-	-	-	-	-	-	.03	-	-	-	5.03
Kassel	-	-	-	-	-	-	-	1.31	.35	1.57	.70	.09	.26	-	-	-	.09	-	-	-	-	-	-	-	-	-	-	-	4.37
Wiesbaden	-	-	-	-	-	-	-	.76	.21	4.63	.35	.07	.14	.07	-	-	.07	-	-	-	-	-	-	-	.07	-	-	-	6.36
Hessen	-	-	-	-	-	-	-	.51	.09	3.00	.17	.09	-	-	-	.09	.09	-	-	-	-	-	-	-	-	-	-	-	4.03
LAND WUERTTEMBERG-BADEN	-	-	-	-	-	-	-	1.01	-	3.81	.52	.12	-	.03	-	.03	.15	-	.03	.03	-	-	-	-	-	-	.03	-	5.76
Baden	-	-	-	-	-	-	-	.95	-	2.85	.32	.32	-	-	-	-	.08	-	.08	-	-	-	-	-	-	-	-	-	4.59
Wuerttemberg	-	-	-	-	-	-	-	1.04	-	4.41	.64	-	-	.05	-	.05	.20	-	-	.05	-	-	-	-	-	-	.05	-	6.50
BREMEN ENCLAVE	-	-	-	-	-	-	-	.86	-	3.44	1.07	-	.21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.58
BERLIN (U.S. SECTOR)	-	-	-	-	-	-	-	1.30	-	17.10	.76	-	.11	-	-	-	.54	-	.11	-	-	-	-	-	-	-	-	-	19.91

Figure 28

NOVEMBER - DECEMBER 1946

DEATH RATES FROM COMMUNICABLE DISEASES
(For Period 1 December 1946 to 28 December 1946)
Expressed as Deaths per 10,000 Population per Annum

Area, Period Covered and Disease	Typhus Fever	Relapsing Fever	Smallpox	Cholera	Plague	Anthrax	Diphtheria	Scarlet Fever	The Lung & Larynx	The Other	Whooping Cough	Meningitis	Polio-myelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Rabies	Encephalitis	Malaria	Influenza	Measles	TOTAL ALL COMMUNICABLE DISEASES
Total 1 Dec - 28 Dec 1946	-	-	-	-	-	-	1.02	.05	3.98	.44	.23	.05	.02	-	.04	.27	.02	.03	-	-	-	-	-	.02	.01	-	.11	6.27
BAVARIA	-	-	-	-	-	-	1.16	.06	3.22	.40	.33	.06	.03	-	.08	.46	.03	.03	-	-	-	-	-	.03	.02	-	.23	6.13
Unterfranken	-	-	-	-	-	-	1.48	-	2.56	.27	.81	-	-	-	-	.81	-	-	-	-	-	-	-	-	-	-	-	5.92
Ober und Mittelfranken	-	-	-	-	-	-	.70	.17	3.89	.41	.35	.06	.06	-	.12	.17	.06	-	-	-	-	-	-	.12	-	-	-	6.10
Niederbayern und Oberpfalz	-	-	-	-	-	-	1.53	-	2.60	.20	.27	.07	-	-	-	.33	-	.07	-	-	-	-	-	-	.07	-	.07	5.20
Schwaben	-	-	-	-	-	-	1.81	-	2.61	.57	.68	.11	.11	-	.34	.23	.11	-	-	-	-	-	-	-	-	-	1.59	8.16
Oberbayern	-	-	-	-	-	-	.80	.06	3.67	.52	-	.06	-	-	-	.80	-	.06	-	-	-	-	-	-	-	-	-	5.97
GREATER HESSE	-	-	-	-	-	-	.70	.03	2.99	.37	-	.10	-	-	-	.07	-	-	-	-	-	-	-	-	-	-	-	4.25
Kassel	-	-	-	-	-	-	.66	-	2.18	.66	-	-	-	-	-	.11	-	-	-	-	-	-	-	-	-	-	-	3.60
Wiesbaden	-	-	-	-	-	-	.78	-	4.15	.43	-	.17	-	-	-	.09	-	-	-	-	-	-	-	-	-	-	-	5.62
Hessen	-	-	-	-	-	-	.64	.11	2.36	-	-	.11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.21
WUERTTEMBERG-BADEN	-	-	-	-	-	-	.99	-	3.85	.53	.27	-	.04	-	-	.04	-	-	-	-	-	-	-	-	-	-	-	5.72
Baden	-	-	-	-	-	-	.99	-	4.85	.30	.40	-	.10	-	-	.06	-	-	-	-	-	-	-	-	-	-	-	6.03
Wuerttemberg	-	-	-	-	-	-	.99	-	3.22	.68	.19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.14
BREMEN ENCLAVE	-	-	-	-	-	-	1.88	-	3.22	1.34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.44
BERLIN (U.S. SECTOR)	-	-	-	-	-	-	.81	.27	15.56	.41	-	-	-	-	-	.41	-	.27	-	-	-	-	-	-	-	-	-	17.72

Figure 29

DEATHS
ALL COMMUNICABLE DISEASES
U.S. ZONE GERMANY 1945-'47
GERMAN REICH 1943

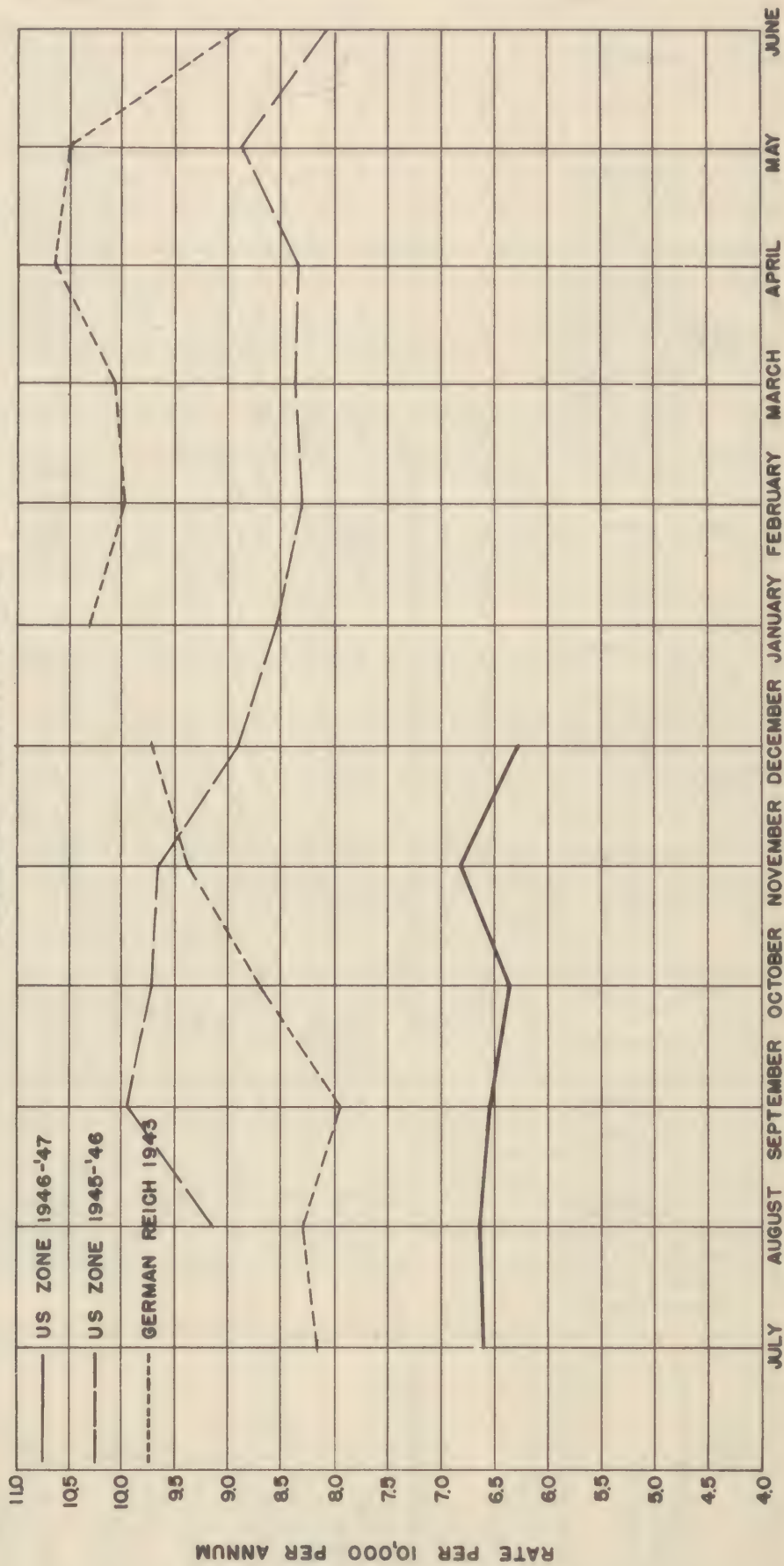


Figure 30

AVERAGE WEIGHT OF GERMAN CIVILIANS
U.S. ZONE - 1946

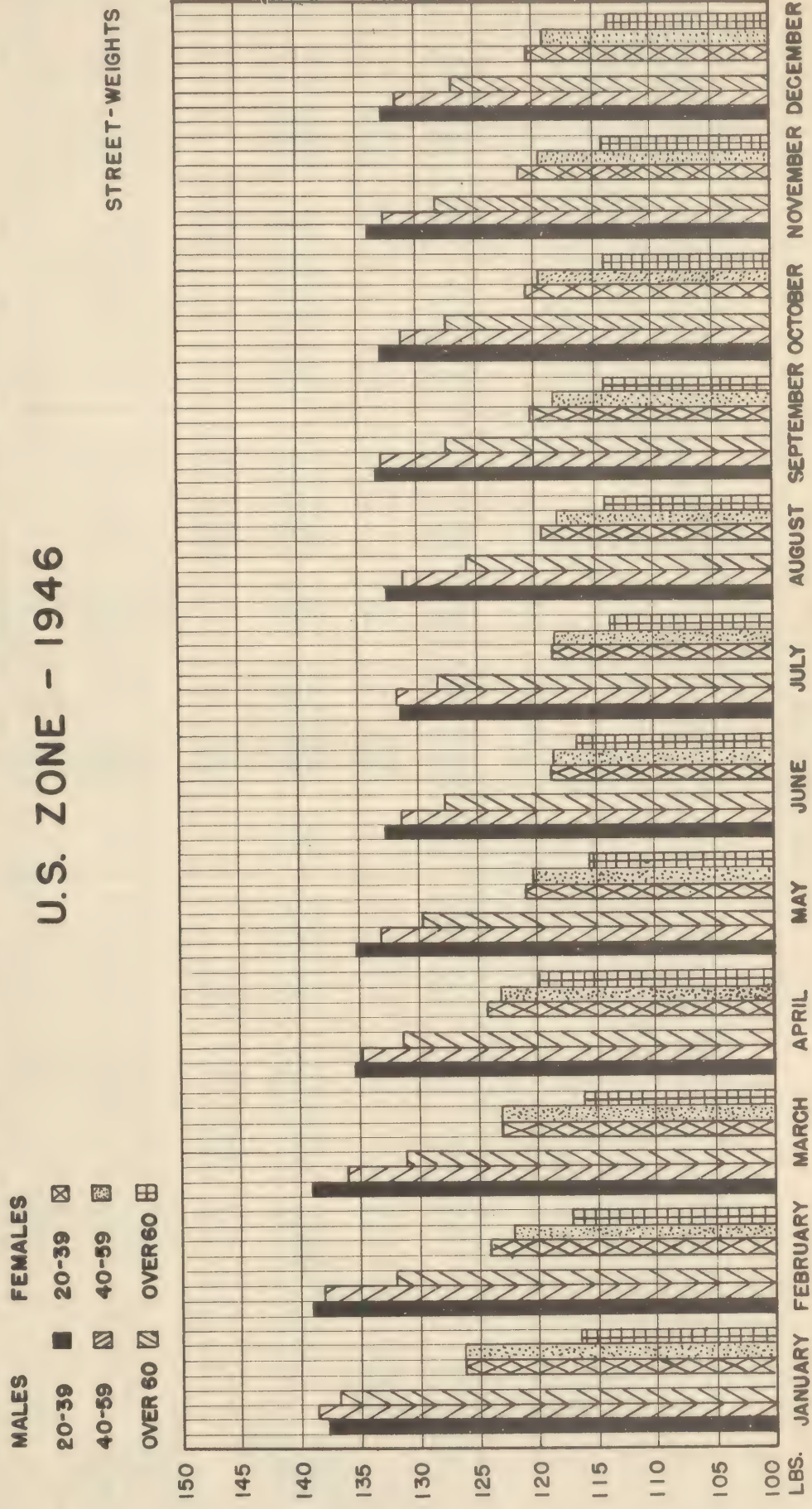


Figure 51

HEALTH AND MEDICAL AFFAIRS

GERMAN CIVILIAN WEIGHTS IN POUNDS

U.S. ZONE OF GERMANY a/

(Straat Weighing Program, October, November and December 1946)

AGE GROUP	O C T O B E R 1 9 4 6			N O V E M B E R 1 9 4 6			D E C E M B E R 1 9 4 6		
	M A L E S			M A L E S			M A L E S		
	20-39	40-59	Over 60	20-39	40-59	Over 60	20-39	40-59	Over 60
TOTAL US ZONE									
Number Weighed	31,121	28,500	14,974	34,974	30,448	14,695	37,306	32,379	15,745
Average Weight	133.0	131.3	127.4	120.7	119.6	114.0	121.2	119.5	114.1
Standard Weight	142.0	146.0	147.0	123.0	132.0	133.0	123.0	132.0	133.0
Deviation From Standard	-10.0	-14.7	-19.6	-2.3	-12.4	-19.0	-1.8	-12.5	-18.9
	-7.0	-10.1	-13.3	-1.9	-9.4	-14.3	-1.5	-9.5	-14.2
BAVARIA									
Number Weighed	12,466	11,541	6,777	14,169	12,851	7,115	14,957	13,149	7,741
Average Weight	133.1	131.1	127.2	120.8	120.1	113.9	121.7	119.2	113.5
Standard Weight	142.0	146.0	147.0	123.0	132.0	133.0	123.0	132.0	133.0
Deviation From Standard	-8.9	-14.9	-19.8	-2.2	-11.9	-9.1	-1.3	-12.8	-19.5
	-6.3	-10.2	-13.4	-1.8	-9.0	-6.8	-1.1	-9.7	-14.6
IRELAND									
Number Weighed	7,082	6,801	2,745	6,845	5,467	2,259	7,375	6,348	2,725
Average Weight	130.9	129.1	126.1	117.7	118.4	115.7	119.1	118.5	113.3
Standard Weight	142.0	146.0	147.0	123.0	132.0	133.0	123.0	132.0	133.0
Deviation From Standard	-11.1	-16.9	-20.9	-5.3	-13.6	-17.3	-3.9	-13.5	-19.7
	-7.8	-11.6	-14.2	-4.3	-10.3	-13.0	-3.2	-10.2	-14.8
WURTEMBERG-BADEN									
Number Weighed	11,573	10,158	5,452	13,960	12,130	5,321	14,974	12,882	5,279
Average Weight	134.1	133.0	128.4	122.0	119.6	113.5	121.8	120.2	115.4
Standard Weight	142.0	146.0	147.0	123.0	132.0	133.0	123.0	132.0	133.0
Deviation From Standard	-7.9	-13.0	-18.6	-1.0	-12.4	-19.5	-1.2	-11.8	-17.6
	-5.6	-8.9	-12.6	-0.8	-9.4	-14.6	-1.0	-8.9	-13.2

a/ Weights for October computed on basis of 154,712 adults were obtained by German personnel.

Weights for November

Weights for December

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SUMMARY OF AVERAGE WEIGHTS OF GERMAN ADULTS
AS REPORTED BY NUTRITION SURVEY TEAMS FROM LARGE CITIES, U.S. ZONE

HEALTH AND MEDICAL AFFAIRS

AGE GROUPS	O C T O B E R 1 9 4 6 a/			N O V E M B E R 1 9 4 6 a/			D E C E M B E R 1 9 4 6 a/		
	20-39 Yrs	40-59 Yrs	60 Yrs & Over	20-39 Yrs	40-59 Yrs	60 Yrs & Over	20-39 Yrs	40-59 Yrs	60 Yrs & Over
MEN									
Number Weighed	1,488	1,768	909	1,446	1,920	1,108	990	1,468	867
Average Weight (lbs)	137.9	134.4	128.5	139.9	135.0	129.9	136.7	133.8	131.5
Standard Weight b/ (lbs)	142.0	146.0	147.0	142.0	146.0	147.0	142.0	146.0	147.0
Deviation From Standard (lbs)	-4.1	-11.6	-18.5	-2.1	-11.0	-17.1	-5.3	-12.2	-15.5
(%)	-2.9	-7.9	-12.6	-1.5	-7.5	-11.6	-3.7	-8.4	-10.5
WOMEN									
Number Weighed	996	849	541	1,024	733	694	609	536	491
Average Weight (lbs)	122.4	119.2	112.2	124.7	123.7	115.9	122.5	121.6	113.1
Standard Weight b/ (lbs)	123.0	132.0	133.0	123.0	132.0	133.0	123.0	132.0	133.0
Deviation From Standard (lbs)	-0.6	-12.8	-20.8	1.7	-8.3	-17.1	-0.5	-10.4	-19.9
(%)	-0.5	-9.7	-15.6	1.4	-6.3	-12.9	-0.4	-7.9	-15.0

a/ Nutrition team data from 2 cities in Bavaria, 3 cities in Greater Hesse and 6 cities in Wuerttemberg-Baden in October; 4 cities in Bavaria, 5 cities in Greater Hesse and 4 cities in Wuerttemberg-Baden in November, and 3 cities in Bavaria, 3 cities in Greater Hesse and 5 cities in Wuerttemberg-Baden in December. The cities surveyed were not the same from month to month. For this reason the changes from October through November and December should not be interpreted as a trend in the same population.

b/ The adopted weight standards are not optimum or average or normal weights, but are weights (considering height, age and sex) which are deemed by consulting nutritionists to be the lower limits of a range which is acceptable for satisfactory health. Changes in population average weights from month to month with reference to these fixed standards indicate trends, regardless of any divergence of opinion as to the correctness of the standards. In the case of adults a deviation of as much as 10% below standard weight can be tolerated without serious nutritional consequences, although resistance to infectious disease and capacity for productive work are doubtless impaired. In the case of babies, children and adolescents up to age 20, whose weights are shown in Fig. 34; any deviation below standard represents a deficiency of calorie intake which is likely to retard growth and decrease resistance to infectious disease.

Figure 33

AVERAGE BODY WEIGHTS OF SCHOOL CHILDREN
DATA FROM SCHOOL WEIGHING PROGRAM, NOVEMBER & DECEMBER, 1946

HEALTH AND MEDICAL AFFAIRS

AGE	SEX	W U E R T E M B E R G - B A D E N				G R E A T E R H E S S E				a/ DEVIATION FROM STANDARD (lbs)	November	December		
		NUMBER WEIGHED		AVERAGE WEIGHT (lbs)		DEVIATION FROM STANDARD (lbs)		NUMBER WEIGHED					AVERAGE WEIGHT (lbs)	
		November	December	November	December	November	December	November	December				November	December
6	M	19,306	22,937	46.0	46.6	+2.8	+2.4	16,997	22,063	46.6	46.6	+2.2	+2.2	
	F	18,799	22,712	44.1	44.8	+1.4	+1.7	16,870	21,724	45.7	45.1	+1.5	+1.8	
7	M	26,178	28,314	49.3	50.2	+1.6	+1.6	21,986	26,678	50.3	50.6	+1.0	+1.5	
	F	25,885	28,525	47.8	48.3	+0.5	+0.4	21,208	21,322	49.7	49.3	+1.3	+0.4	
8	M	24,595	26,835	54.1	55.0	+0.2	+0.5	21,266	25,325	55.3	59.6	+0.5	+4.4	
	F	23,718	26,385	52.2	52.9	-0.6	-0.5	20,769	23,392	54.1	53.7	-0.5	+0.7	
9	M	23,511	25,687	58.4	60.2	-2.1	-3.2	19,774	24,621	59.3	59.8	-2.5	-3.5	
	F	23,444	25,704	57.1	58.1	-2.1	-2.9	19,931	23,320	58.5	58.1	-3.5	-3.7	
10	M	22,833	24,786	64.1	65.3	-3.7	-4.0	19,604	28,483	65.2	64.9	-3.9	-4.6	
	F	22,538	25,225	62.9	63.9	-5.1	-4.7	19,072	22,609	64.5	62.9	-3.9	-5.9	
11	M	22,351	24,244	70.9	71.4	-4.3	-4.8	18,388	22,208	69.0	70.8	-7.1	-5.3	
	F	22,126	24,490	69.9	71.2	-5.4	-4.5	18,229	21,112	70.8	70.6	-4.9	-5.3	
12	M	20,082	22,017	77.0	77.3	-5.5	-6.3	16,835	20,978	74.2	78.3	-9.8	-5.9	
	F	19,652	21,981	78.1	79.8	-5.7	-5.6	16,331	19,198	78.9	77.9	-6.2	-8.1	
13	M	16,361	17,980	84.9	86.3	-6.0	-5.2	13,526	16,642	83.8	86.9	-9.0	-4.8	
	F	16,992	18,315	89.0	89.8	-3.7	-3.5	13,373	16,655	81.4	88.9	-10.6	-4.4	
14	M	12,291	13,679	94.4	97.3	-4.4	-2.6	6,069	8,397	91.1	94.2	-7.5	-3.7	
	F	12,031	13,193	98.7	99.7	-1.4	-1.5	5,987	7,706	90.0	96.6	-7.9	-4.6	
15	M	5,541	8,145	108.8	112.1	-3.6	-3.6	-	-	-	-	-	-	
	F	5,399	6,159	110.6	111.4	+2.8	+3.2	-	-	-	-	-	-	
16	M	5,582	8,300	122.3	123.8	-2.2	-2.5	-	-	-	-	-	-	
	F	4,240	4,942	118.2	121.0	+6.4	+8.4	-	-	-	-	-	-	
17	M	4,678	6,209	131.3	132.6	+1.0	+1.0	-	-	-	-	-	-	
	F	2,465	3,610	124.5	124.1	+7.9	+8.4	-	-	-	-	-	-	
18	M	2,357	2,771	135.2	137.4	+1.4	-1.0	-	-	-	-	-	-	
	F	1,247	1,854	127.8	126.7	+10.8	+10.5	-	-	-	-	-	-	
TOTALS		404,202	454,999					306,215	372,433					

a/ A few reports from Greater Hesse failed to separate boys from girls. In the preparation of this table, it was assumed that where the sexes were not reported separately equal numbers of males and females were weighed. Since the standards adopted are according to height rather than sex up through age 14, it is probable that no significant error is introduced by this assumption. Above age 14, differences in standards according to sex make it unsatisfactory to report a mixed group in which the ratio of boys to girls is unknown.

Figure 34

STATUS OF BEDS
GERMAN CIVILIAN AND PRISONER OF WAR HOSPITALS
U.S. ZONE OF GERMANY
(1 May 1946 to 1 January 1947)

Area and Period	Beds Available			1 Jan. 1947	Beds Occupied			1 Jan. 1947	Percent of Beds Occupied			
	1 May 1946	1 Nov. 1946	1 Dec. 1946		1 May 1946	1 Nov. 1946	1 Dec. 1946		1 May 1946	1 Nov. 1946	1 Dec. 1946	1 Jan. 1947
TOTAL BEDS	194,279	179,140	180,590	182,375	171,178	150,485	155,041	144,057	88.1	84.0	85.8	79.0
Civilian	155,764	175,844	177,912	179,562	138,307	147,693	152,872	141,934	88.8	84.0	85.9	79.0
Prisoner of War	38,515	3,296	2,678	2,813	32,871	2,792	2,169	2,123	85.3	84.7	81.0	75.5
<u>CIVILIAN BEDS</u>												
BAVARIA	78,359	84,589	86,007	86,335	75,288	70,940	74,220	70,099	96.1	83.9	86.3	81.2
GREATER HESSE	32,893	40,067	40,150	41,013	27,479	32,775	34,128	31,746	83.5	81.8	85.0	77.4
WUERTTEMBERG-BADEN	27,253	32,016	32,370	32,908	22,207	27,736	28,105	24,944	81.5	86.6	86.8	75.8
BREMEN ENCLAVE	5,173	6,299	6,259	6,196	3,788	5,241	5,439	4,794	73.2	83.2	86.9	77.4
BERLIN (U.S. SECTOR)	12,086	12,873	13,126	13,110	9,545	11,001	10,980	10,351	79.0	85.4	83.6	79.0

Figure 35

FOR MONTH OF OCTOBER 1946 a/

NOVEMBER-DECEMBER 1946

a/ Figures are numbers of farms newly infected during the period.

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HEALTH AND MEDICAL AFFAIRS

AREA	Anthrax	Blackleg	Cholera of pigs	Cholera of fowl	Cotital vesicular exanthema of cattle	Contagious pleuro-pneumonia of cattle	Dourine of horses	Encephalomyelitis of pigs	Encephalomyelitis of horses	Krysiplas of pigs	Foot-and-mouth disease	Glanders	Infectious abortion of cattle	Infectious abortion of sheep	Infectious anemia of horses	Malignant edema of cattle	Plague of fowls	Pox of sheep	Rabies	Scabies of cattle	Scabies of horses	Scabies of sheep	Strangles of horses	Trichomoniasis of cattle	Tuberculosis of cattle	Faulbrut of bees
TOTAL US ZONE AUG 1946	-	-	10	36	-	-	29	1	1	1751	157	-	25	-	13	-	265	1	-	1	66	28	-	6	12	-
TOTAL US ZONE SEP 1946	-	2	27	-	-	-	5	3	5	1459	-	1	31	-	30	-	442	1	-	1	76	21	-	2	5	-
TOTAL US ZONE OCT 1946	-	1	30	4	-	-	32	-	1	1280	-	6	13	-	24	-	396	-	-	-	117	9	-	18	4	-
TOTAL US ZONE NOV 1946	-	-	3	8	7	-	36	-	2	850	54	5	11	-	28	-	234	-	-	7	70	17	-	66	14	-
BAVARIA	-	-	1	3	-	-	24	-	-	533	53	4	9	-	14	-	226	-	-	1	62	10	-	66	-	-
Unterfranken	-	-	-	-	-	-	-	-	-	69	53	-	-	-	-	-	-	-	-	1	-	1	-	4	-	-
Ober und Mittelfranken	-	-	-	-	-	-	-	-	-	140	-	4	-	-	3	-	4	-	-	-	16	3	-	-	-	-
Niederbayern und Oberpfalz	-	-	1	1	-	-	24	-	-	112	-	-	7	-	3	-	141	-	-	-	3	1	-	-	-	-
Schwaben	-	-	-	1	-	-	-	-	-	132	-	-	2	-	6	-	6	-	-	-	3	5	-	30	-	-
Oberbayern	-	-	-	1	-	-	-	-	-	80	-	-	2	-	2	-	75	-	-	-	40	-	-	32	-	-
GREATER HESSE	-	-	2	-	-	-	12	-	-	154	1	1	1	-	4	-	-	-	-	-	-	4	-	-	-	-
Kassel	-	-	2	-	-	-	12	-	-	43	1	1	-	-	3	-	-	-	-	-	-	1	-	-	-	-
Wiesbaden	-	-	-	-	-	-	-	-	-	59	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Hessen	-	-	-	-	-	-	-	-	-	52	-	-	-	-	1	-	-	-	-	-	-	3	-	-	-	-
WUERTTEMBERG-BADEN	-	-	-	5	7	-	-	-	2	163	-	-	1	-	10	-	8	-	-	6	5	3	-	-	14	-
Baden	-	-	-	5	-	-	-	-	-	41	-	-	1	-	1	-	-	-	-	-	1	-	-	-	12	-
Wuerttemberg	-	-	-	-	7	-	-	-	2	122	-	-	-	-	9	-	-	-	-	6	4	3	-	-	2	-
BREMEN ENCLAVE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
BERLIN (U.S. SECTOR)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-

a/ Figures are numbers of farms newly infected during the period.

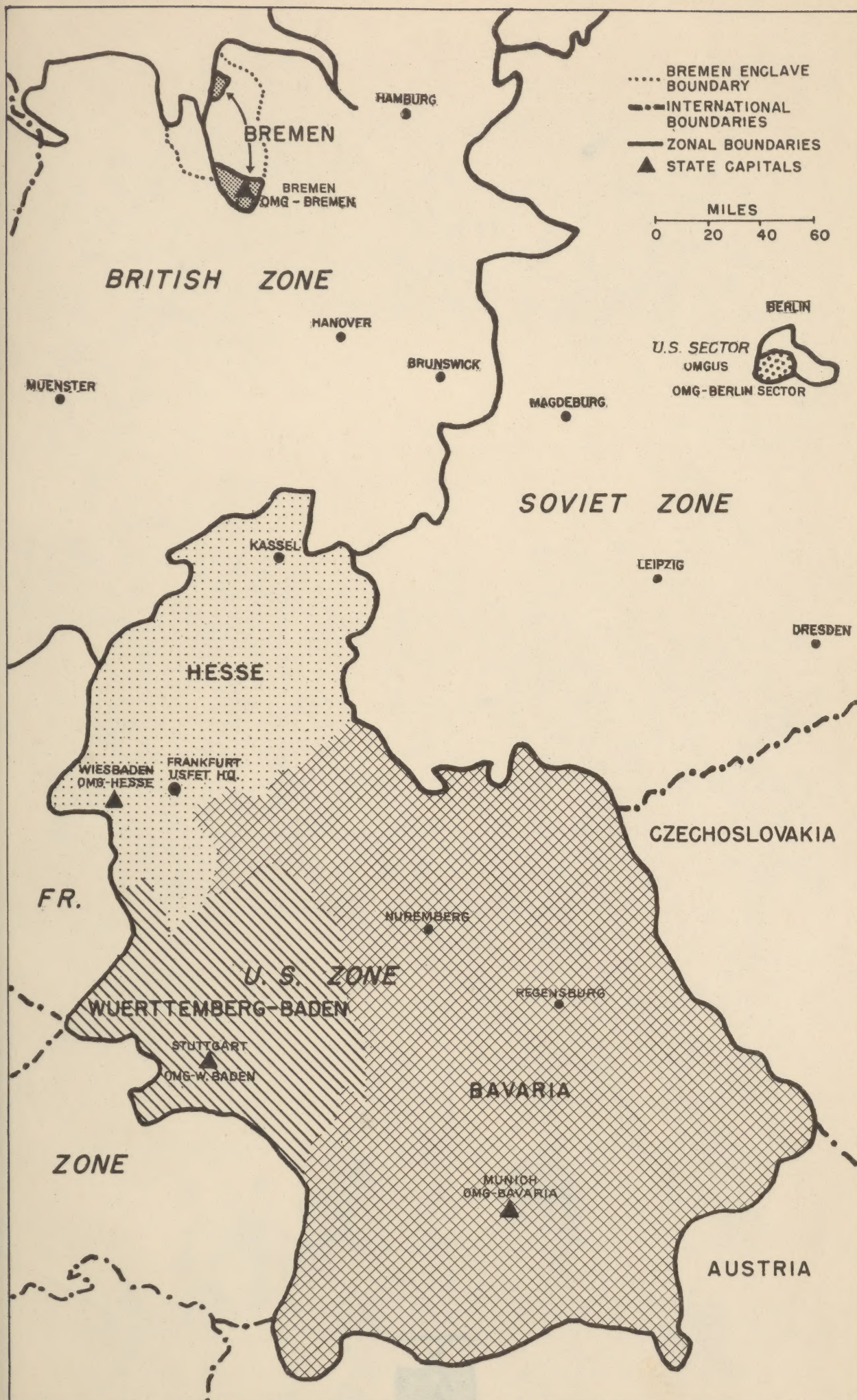
Figure 37

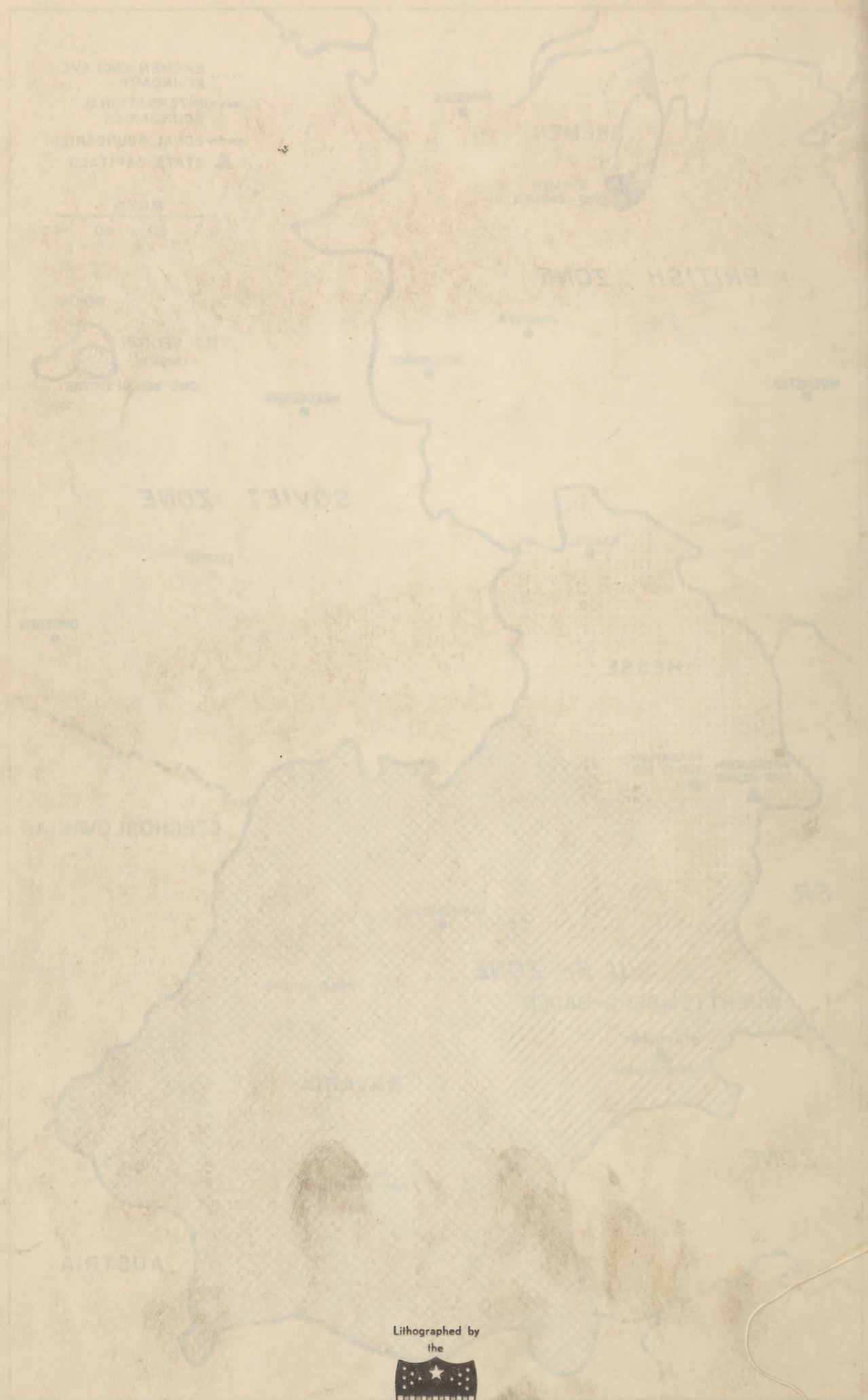
INCIDENCE OF COMMUNICABLE ANIMAL DISEASES
U.S. ZONE OF GERMANY
FOR MONTH OF DECEMBER 1946 a/

HEALTH AND MEDICAL AFFAIRS

AREA	Anthrax	Blackleg	Cholera of pigs	Cholera of fowl	Cotill vesicular exanthema of cattle	Contagious pleuro-pneumonia of cattle	Dourine of horses	Encephalomyelitis of pigs	Encephalomyelitis of horses	Erysipelas of pigs	Foot-and-mouth disease	Glanders	Infectious abortion of cattle	Infectious abortion of sheep	Infectious anemia of horses	Malignant edema of cattle	Plague of fowls	Pox of sheep	Rabies	Scabies of cattle	Scabies of horses	Scabies of sheep	Strangles of horses	Trichomoniasis of cattle	Tuberculosis of cattle	Foulbrood of bees
TOTAL US ZONE SEP 1946	-	2	27	1	-	-	5	3	5	1459	-	1	31	-	30	-	442	-	-	1	76	21	-	2	5	1
TOTAL US ZONE OCT 1946	-	1	30	4	-	-	32	1	1	1280	-	6	11	-	24	-	396	-	-	-	117	9	-	18	3	-
TOTAL US ZONE NOV 1946	-	-	3	8	7	-	36	-	2	850	54	5	11	-	28	-	234	-	-	7	70	17	-	66	14	-
TOTAL US ZONE DEC 1946	-	-	5	30	16	-	20	-	2	366	96	2	5	-	16	-	123	-	-	20	57	35	-	-	19	-
BAVARIA	-	-	2	3	-	-	14	-	-	230	92	2	4	-	11	-	115	-	-	-	28	33	-	-	-	-
Unterfranken	-	-	1	-	-	-	-	-	-	25	92	-	1	-	-	-	5	-	-	-	6	1	-	-	-	-
Ober und Mittelfranken	-	-	-	-	-	-	-	-	-	71	-	1	-	-	-	-	-	-	-	-	9	-	-	-	-	-
Niederbayern und Oberpfalz	-	-	1	1	-	-	5	-	-	44	-	1	-	-	5	-	60	-	-	-	7	4	-	-	-	-
Schwaben	-	-	-	2	-	-	-	-	-	41	-	-	3	-	4	-	8	-	-	-	2	27	-	-	-	-
Oberbayern	-	-	-	-	-	-	9	-	-	49	-	-	-	-	1	-	42	-	-	-	4	1	-	-	-	-
GREATER HESSE	-	-	1	-	-	-	4	-	-	68	4	-	1	-	1	-	-	-	-	-	12	2	-	-	-	-
Kassel	-	-	1	-	-	-	3	-	-	28	-	-	-	-	1	-	-	-	-	-	8	1	-	-	-	-
Wiesbaden	-	-	-	-	-	-	1	-	-	25	2	-	-	-	-	-	-	-	-	-	2	1	-	-	-	-
Hessen	-	-	-	-	-	-	-	-	-	15	2	-	1	-	-	-	-	-	-	-	2	-	-	-	-	-
WURTEMBERG-BADEN	-	-	2	27	16	-	2	-	2	68	-	-	-	-	4	-	8	-	-	20	9	-	-	-	19	-
Baden	-	-	2	20	16	-	2	-	-	14	-	-	-	-	2	-	-	-	-	-	4	-	-	-	19	-
Wuerttemberg	-	-	-	7	-	-	-	-	-	54	-	-	-	-	-	-	8	-	-	20	5	-	-	-	-	-
BERGHEIM ENCLAVE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
BERLIN (U.S. SECTOR)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	-	-	-	-	-

a/ Figures are numbers of farms newly infected during the period.





Lithographed by
the



Adjutant General
U.S. ARMY